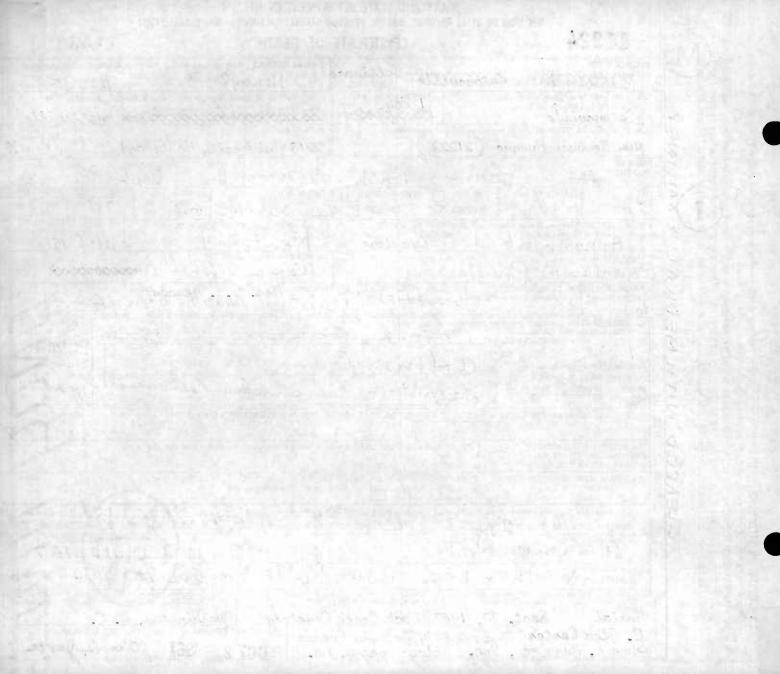
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	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give a	treet address)	d. STREET ADDRESS					A FARM?			
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3.	NAME OF First DECEASED	Middla	Last	4. DATE OF	Month	Day					
		rroll	Adama	DEATH	Sept	cember 3	19	57			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED B. D	ATE OF BIRTH	19.	AGE (In yeers last birthday)	IF UNDER 1 YEAR		R 24 HRS.			
		DIVORCED M	arch 27, 18	91	76 yrs.	Months Days	Hours	Min.			
10	a. USUAL OCCUPATION (Giva kind of work one during most of working life, avan if retirad)	INESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or	foraign country)	12. CITIZEN	OF WHAT	COUNTRY?			
	Mill Wright Paper Mi	11	V:	irgina		U.S	.A.				
13	FATHER'S NAME		. MOTHER'S MAIDEN N	AME			-0.5	. 77			
	Isaac C. Adams		Nan	cy A. H	[arris]						
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. INF			Addrass						
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	18. CAUSE OF DEATH [Enter only one cause per line for (a),					11	TERVAL BE	TWEEN			
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	DUE TO Green Sclerule C-V diseus 8400										
	Conditions, if any, which \ (b) Wifer	is -sel	erme	CV	anser	121	8691	20			
	gave rise to immadiate cause						1				
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ERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED. ((Enter nature of injury in	raft Of Part	II OT ITAM TO.)						
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	Hour a.m. While Not W	hila factory,	, street, offica bldg., atc.)	Zor. (City	or lown)	(County)		(31616)			
OIG	p.m. 19 at work at w		2	1/7	1	(7	/5.				
MEDIC/	21. I certify that (I) (this hospital) attended the		7. 20 , 1	4, to.		, 19					
WEDIC/					-1	and on the di	ate stated				
MEDICAL		and that de	eath occurred at 6A	M, from	the causes a			b. DATE			
MEDICA		and that de		M, from	staff		22				
MEDICA	saw the deceased alive of free 19	and that de	ATTENDING M. PHYS. DI	-		9	7.4-6				
MEDICA	saw the deceased alive of 19 22a. SIGNATURE The same of the same	M.D.	ATTENDING M PHYS. DI 22d. ADDRESS	ED.	STAFF	9	7.4-6				
MED	saw the deceased alive of 19 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Maurice C. Porterfield	м.d. 1, М. D.	ATTENDING MPHYS. DI 22d. ADDRESS Hampstead	ED. RECTOR [STAFF PHYS.	9	74-6	SIGNED			
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	saw the deceased alive of 1922a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Maurice C. Porterfield a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA REMOVAL (Spacify) Sept. 6, 1967 Ver EUNERAL DIRECTOR'S SIGNATURE? AD	M.D. M.D. ME OF CEMETERY OR	ATTENDING MPHYS. DI 22d. ADDRESS Hampstead. CREMATORY Cemetery 25a. RECC	Md 23d. LOCA Whi	STAFF PHYS. ATION (City, tow	9	7.4-6 Md.	SIGNED			

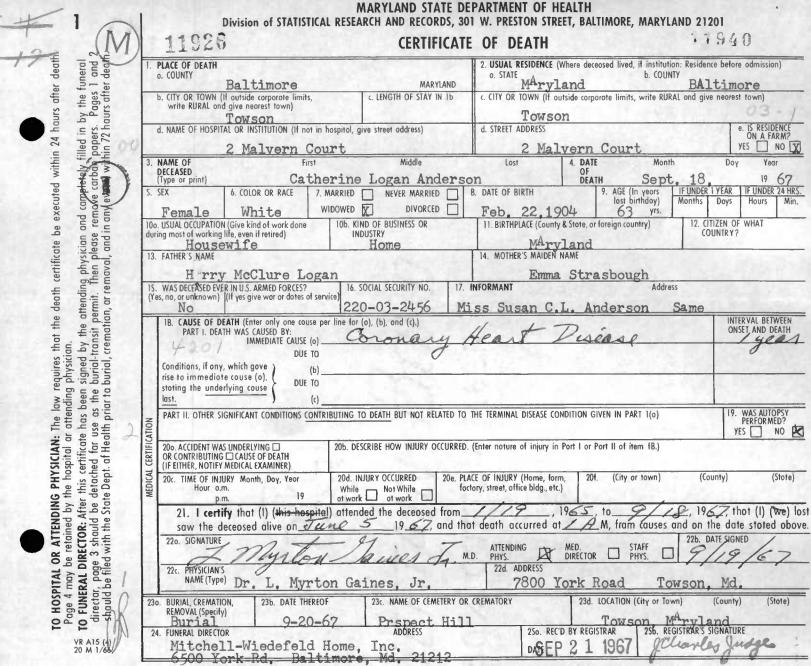
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11924 11938 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY pers. Pages 1 MARYLAND the b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest Town) write RURAL and give nearest town) atonsur .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 404 Newbura Avenue 2213 University Boulevard ul 21228 YES NO X NAME OF _Middle 4. DATE Year DECEASED (Type or print) 19 6 DEATH SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS OR WEVE 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH Glast pirthday) Months Haurs au. 30 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign Country) physician of during most of working life, even if retired) INDUSTRY and Own Home Housen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 715-24-038 permit. crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit Judda IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO signed burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO has been see as the the the priar take stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg., etc.) After at work ot work 19 6 / to Stept 28 21. I certify that (1) (this hospital) attended the deceased fram Sant IJ 1960), and that death accurred at 6 M. fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive anscal 28 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. FORT 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Kock Creek Cemetery Washington 2Sb. REGISTRAR'S SIGNATURE 8434 Aportis Avenue 25g. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Inc. Silver Spring Marila DATE



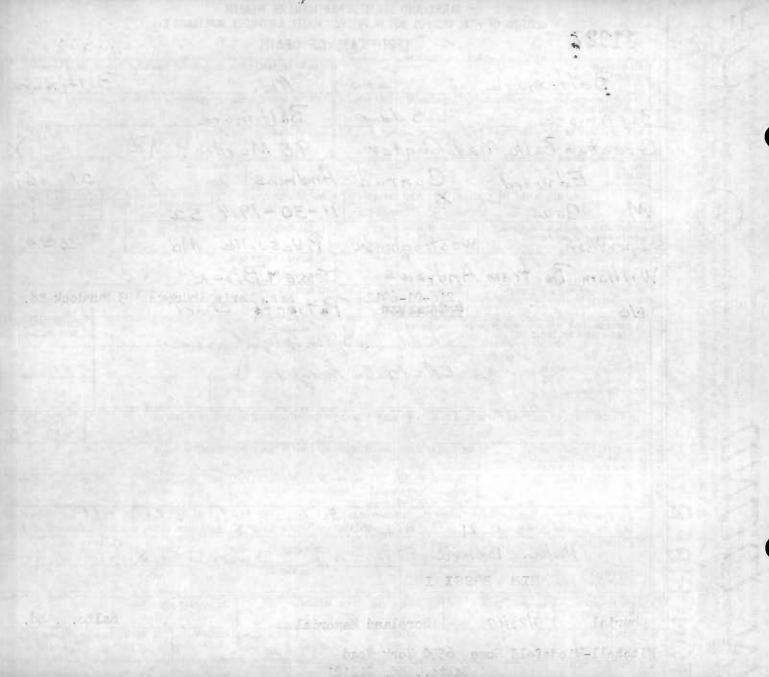
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11925 11939 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore papers. Pay. 72 hours afte c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Baltimore 12 in by Towson d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? filled 408 014 NO X Chesapeake Manor Nursing Home Trail NAME OF Lost 4. DATE campletely Day Year DECEASED 111son (Type or print) DEATH remave car Edna Sept S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours and in any 6/26/1884 WIDOWED T DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during mast af warking life, even if retired) COUNTRY? **INDUSTRY** Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Noble L. Mitchell Elva M. Cannon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, ng, ar unknown) (If yes give war ar dates of service) 106 Hillendale Rd. No Donald Havs. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN the PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO burial, Canditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse this certificate has been detached far use as the e Dept. af Health priarta (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) Haur a.m. factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased from M, fram causes and on the date stated obove TO FUNERAL DIRECTOR: saw the deceased alive an_ ond that deoth occurred at 22a. SIGNATURE 22b. DATE SIGNED aurence M.D. DIRECTOR PHYS d. ADDRESS 6805 22c. PHYSICIAN'S 22d. Dr. Laurence C. Post NAME (Type) York Road director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b DATE THEREOF (State) (County) REMOVAL (Specify)
Burial 967 Fallston Methodist Harford County Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Sons H.W.Jenkins Co.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11941 **OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 hours after death death puo funerol l ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY altimore on popers. Pages I within 72 hours ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Da/ +(more) in by more d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM filled i Da Ito. NO. NAME OF Middle 4. DATE Month Year etely DECEASED onrda (Type or print) DEATH and comp SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED last birthday) Months Days Hours Cau. 11-30 ond in any WIDOWED DIVORCED pug 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) westinghouse physicion (COUNTRY? SVILLE upervisor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal ottending p permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? Address 93 Murdock Rd. Mrs. Marie Andrews (Yes, no, or unknown) (If yes give wor or dates of service) Tients buriol, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) p DUE TO signed l Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospitol or attending os the this certificate has been last. (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. of Health NO 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While After of work ot work 21. I certify that (1) (this haspital) attended the deceased from_ 9.17. 1967, to 9.21 19 6 7, that (1) (we) lost 1967, and that death accurred at 6 A.M. from causes and on the date stoted obove. TO FUNERAL DIRECTOR: saw the deceased alive an Q 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. X M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S RAHIM BASSIRI NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Balto. 9/23/67 Md. Moreland Memorial ADDRESS 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Mitchell-Wiedefeld Home 6500 York Road DATE 21212 Balto Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		11928		CERTIFICATE	OF DEATH			ì	79	42	
by the funeral Pages Jan 2	1. F	PLACE OF DEATH D. COUNTY Saltimore		MARYLAND	2. USUAL RESIDENCE (V		b. COUN	ltimor	re A	P. A.	1)
n by rne s. Pages haurs aft	b	o. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Catonsville		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou Hanover	tside carpo	arate limits, write RUR	RAL and give	nearest	tawn)	-2
90	C	H. NAME OF HOSPITAL OR INSTITUTION (If not in h House in the Pines	conv	give street address) Home	d. STREET ADDRESS Linda Av	enue				IS RESIDE ON A FAR	NCE RM?
3	(NAME OF First DECEASED Type or print) Smil	еу	Middle W. Archer	Last	4. DATE OF DEAT		h tember	Day	Year	
	S. S	M Cauc. w	MARRIED IDOWED	CXNEVER MARRIED B	2/7/05		9. AGE (In years land) yrs.		Days	Hours 1	Min.
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9	13.	FATHER'S NAME Ulysess Arch	er		14. MOTHER'S MAIDEN N	NAME					
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of serv	ice) 16. S	SOCIAL SECURITY NO. 17. II	NFORMANT		Addre	SS			
State Dept. at realth prior to buriol, cremation, of remaval, and in any event,		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (c) —	Erter	rebrat Hem	ndio-Vases	Lors	Desins	Ł	- ONSI	RVAL BETWEET AND BEA	ATH
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	MEDICAL CERTIFICATION	OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	20d. 1N While at wark	Nat While factor	E OF INJURY (Home, farm iry, street, affice bldg., etc.)		(City ar tawn)	(Coun	ntγ)	(5)	tate)
	1	21. I certify that (I) (this hespital saw the deceased alive an	attend		death accurred at	960 1.30 F.	ta 9-42- M, fram causes o	, 19&	Z, the	at (I) (%	re) la abav
1		220. SIGNATURE The State of th	age) Ro. MD	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR		22b. DAT 9-5	E SIGNE	D	28
0	230.	BURIAL, CREMATION, REMOVAL (Specify) 9/7/67		23c. NAME OF CEMETERY OR C	Cem.	В	LOCATION (City or Tovaltimore,		Caunty)	(Sta	ote)
(g)	24.	FUNERAL DIRECTOR F. D 4101	Edmo	ondson Ave.	2So. REC'D	BY REGIS		GISTRAR'S SIG	NATURE	of	

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W	
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filled filled in 72	Greater Baltimore Medical Center	ert adoress Briny Breeze Club 8. Is residence on a farm? YES \[\] No \[\]
completely we carbon p	(Type or print) CAROL M. AS	Ast 4. DATE Month Day Year OF DEATH September 26 19 67 OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs.
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death he atte permit ition, or	(Vet no or unknum) (If we give way or dates of carries)	E. Aspray Jr. 15 Nepera Place N.Y.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the hospital or attending physician. ETOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon is should be detached for use as the burial-transit permit. Then please remove carbon is with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis in live 155 DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)	
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AL OR DIRE PAGE 3	saw the deceased alive on 9/26 167, and that death of 22a. SIGNATURE ATTEM M.D. PHYS. 22c. PHYSICIAN'S	9/19, 1967, to 9/26, 1967, that (I) (we) last coursed at 5:20 M, from the causes and on the date stated above. OF THE COURS STAFF 22b. DATE SIGNED PHYS. PH
HOS age FUN irect	NAME (Type) Rudiger Breitenecker, M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF THE PROPERTY OF THE PROPER	Greater Baltimore Medical Center
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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11944

HEALTH DEPT.		PLACE OF DEATH				2. US	UAL RESIDENCE	(Where decease	d lived, if institu	tian: Residence b	efore admissian)
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de de		NAME OF DECEASED Type or print)	Wi	11iam	Middle H •	Bar	ber	4. DATE OF DEATH	Sep		Day Year 7
B & B N	S. :	M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		of BIRTH		AGE (In years 5 birthday) yrs.	Manths Da	
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exe endi Me it pe		18. CAUSE OF D	EATH (Enter only one of	ouse per line for (c	(b), ond (c).)		01/ 1	/			ONSER AND DEATH
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=======================================	CERTIFICATION	20a. EXTERNAL CAPRIMARY ☐ ar COCAUSE OF DEATH.		20b. DESC	RIBE HOW INJURY OCCU	IRRED. (Enter n	ature af injury i	n Part 1 ar Part	II af item 1B.)		
CAL EXAMINER: execute the cert ar. Page 4 shauld far your files. TOR: Page 3 shaurial, crematian, c.	MEDICAL	20c. TIME OF INJ Hour a.	10	While .	Nat While		JURY (Hame, fo et, office bldg., e		(City ar town)	(Caunty)	(State)
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orcal se exec ctar. Po ned far ECTOR: burial,	17	death resul	ted from: Natu	ral causes	Accident .	Suicide _	, Homicio	le 🔲 , Und	determined m	nanner	
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DEPUTY ecessary, ie funera may be FUNERAL		NAME (Type)	Charles	F. O'D	onnellk M	I.D.	1	eet, city, town, o	county)	144.7	1/21/67
o DEPUTY MEDIC, necessary, please e the funeral director 5 may be retained o FUNERAL DIRECT Health prior ta buri	23a	BURIAL, CREMATI	ON, 23b. DATE T		23c. NAME OF CEMETER		ORY	23d. LOC	ATION (City or To	iwn) (Cou	unity) (State)
5 = = 25	E	REMOVAL (Specify	9-25-	1967	Parkwood			Ba	ltimo	e Md	
VR A15ME	24	FUNERAL DIRECTO	DR O	10	COND 1/		1 2 25a. RE	C'D BY REGISTRA		EGIŠTRAR'S ŠIĞNA	

Baltimore and the Parkvillie St. Joseph Hospital 3203 Rutty Hill Age ten Hilliam H. Barber i Sept. 21. A 187 ch 12, 1908 bi onerate crame tas 5 tlac, baltimore Ma: Lat na parage large large M. Darber Same The state of the s en e mais de la 1951 1967 l'Parkwood e Baltimore Mu.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY BALITIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 2 DAYS BALTIMORE þ papers. .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 3460 SOLLERS POINT ROAD VETERANS ADMINISTRATION HOSPITAL NOW The law requires that the death certificate be executed within NAME OF First Middle DATE carbon Manth Year completely DECEASED JOHN WILLIAM WALLIEW BARCUS (Type ar print) DEATH SIGNATURALISM 19 IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED remove e & birthday) 11/30/96 Days Haurs In ony MALE WH THE WIDOWED DIVORCED puo 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) **INDUSTRY** COUNTRY? MECHANICAL ENGINEER DENVER COLORADO

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, LAKE BARCUS THERESA OVERHOLT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknawn) (If yes give war or dates af service) 219 07 34 24 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: ADRENAL HEMORRIAGE BILATERAL DUE TO UNDETERMINED CAUSE RECEN IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retained by the hospital or attending physician. p # C . signed burial, UNKNOWN Canditians, if any, which gave (b) PULMONARY EMPHYSEMA, MARKED rise to immediate cause (a), P. db. db. c stating the underlying cause ARTERIOSCLEROTIC HEART DISEASE UNKNOWN WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION PERFOR MED? YES X NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Manth, Doy, Year (City or tawn) (County) factory, street, office.bldg., etc.) Hour a.m. Nat While 21. 1 certify that (\$\psi(\text{this hospital}) attended the deceased fram 9/12/67 ond that deoth occurred a#:30AM, fram causes ond on the date stoted obove saw the deceased alive on. 19 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) VAH FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. 23a. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) BALTIMORE, MARYLAND BURTAL TORRAINE PARK CEMETERY 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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250. REC'D BY REGISTRAR

DATE SEP

25b. REGISTRAR'S SIGNATUR

24 FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 1050 York Road
Towson, Maryland 21204

VR A15 (4)

Section of Section 20 Section 22 Section 25 The state of the s Graphy baltimace Medical Contex 208 Sharwood Robel ELSACE VIEW PARKED CON SOFE CE 49 Female white 10-26 19 1700 Beltmere, Md. 413 House my fa the Levi Maylor Curtis in the PATIENTS CHART The second secon MANAGEMENT WELLING Trace - 18, 12. 9, 1067 (100. 1.1 an 1.3 m/s 3 mer

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11947 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY BATIMORE death. MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) and after AZTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm 412 CROYDON NO F Give Pages State 24 haurs after death. NAME OF Middle 4. DATE Day Year DECEASED 196 (Type or print) withi with AGE (In years 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days in Item 18. Hours WIDOWED and 2 event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, eyen if retired) pages I in any CHOOLS EACHE Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME penci be executed within and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. remaval, (Yes, ng, or unknawn) (If yes give wor or dotes af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CARDIO VASCULAR DISEASE IMMEDIATE CAUSE (a) ARTERIOSCUEROTIC PART I. DEATH WAS CAUSED BY crematian, or icate, writing the ward be farwarded ta the Ch This certificate shauld DUE TO Canditians, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying couse used as burial, c lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ABET MELLITUS NO please execute the certificate, designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY

or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) factory, street, office bldg., etc.) 21. I certify that I taak charge af the remains described above, held an Autapsy , Inspection 4 and in my opinion Natural causes . Accident . the funeral directar. death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY DEPUTY MEDICAL EXAMINER Health ar Address (Street city, fown of county) 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE THEREOF 50 St. Marks Perryville Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (\$) H.W. Jenkins & Sons Co. 4905 York Rd., Balton SEP

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1934
CERTIFICATE OF DEATH

2200			CLIVIIIIOAI	L OF DEATH			1194	23
1. PLACE OF DEAT	Н			2. USUAL RESIDEN	ICE (Where deceased		1: Residence befor	e admission)
	ltimore		MADVI AND	a. STATE	ryland	b. COUNTY		/
b. CITY OR TOW	N (If outside corpora	ate limits.	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		e ilmits, write RUI	RAL and give nea	arest town)
_	and give nearest to	wn)				• • • • • • • • • • • • • • • • • • • •		7 35 11
	WSON	ON SIS most in to	3 weeks	Balti			1 . 10	DECIDENCE
U. NAME OF HU	SPITAL UK INSTITUTI	UN (II not in n	ospital, give street address)	d. STREET ADDRESS				RESIDENCE A FARM?
Greater E	Baltimore M	ledical	Center	915 G	orsuch A	ve.	YES	No 🔀
3. NAME OF DECEASED	f	irst	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Margare	t	Isabelle Ba	ttee	OF DEATH	9	5 1	19 67
. SEX	6. COLOR OR RACE			B. DATE OF BIRTH	9. AGE	(In years IF IINT	FR 1 YEAR HE LIN	
Female	1.7	WIDOWED		Feb. 4, 1	897	birthday) Month	s Days Hou	urs Min.
	I W ION (Give kind of worl			11. BIRTHPLACE (- 7.00	. CITIZEN OF W	HAT
		ed)	CIND OF BUSINESS OR NDUSTRY			100	COUNTRY?	
Bookkee			pard & Enoch			and	U.S.A	
3. FATHER'S NAM	it.	Prat	t Hospital	14. MOTHER'S MAI	OEN NAME			
John C.	Battee			Margare	t Ingers	oll		
5. WAS DECEASED	EVER IN U.S. ARMED F (If yes give war or dates	ORCES? 16.	SOCIAL SECURITYNO. 17.	INFORMANT		Address		
No	(11 Jes give was or dates		6-03-6289 Mr	o Farl C	Condne	287 2	Berwi	ale Ar
	DEATH (Enter only or		line for (a), (b), and (c).]	S. Darr O	• OOLULE	y, core		BETWEEN
	EATH WAS CAUSED B	٧.					ONSET AN	ND DEATH
	IMMEDIATE CAUSE	(a) AC	cute cor pulmon	ale				
170X	DUE						1000	
Conditions, If		(b) Me	tastatic carci	noma of lun	igs			
gave rise to cause (a), s		TO						
underlying caus		(c) Ca	ercinoma of bre	ast				
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							YES X	FORMED?
20a. ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW INJURY OCCU	RRED (Enter nature o	of infury in Part I	or Part II of Item	LAM	110
OR CONTRIBUTI	NC CAUSE OF DET	TH	DECORIGE HOW MOOK! COOC	MILED. (Eliter liataro e	of injury in rule 1	, , art 11 01 (toll)	20.,	
20c. TIME OF Hour a.r	INJURY Month, Day,		facto	CE OF INJURY (Home, f ry, street, office bldg.,	etc.) 20f. (City	or town) (County)	(State)
p.a		While at wor	L- Mot Mutte L-					
	v that (I) (this hos	nital) attend	ed the deceased from	8/14	1967, to	9/5 19	67 that (1) (we) last
	ceased alive on	9/5	19_67, and that					
22a. SICNATUI		1	and that	death cocurret: da	Trans, from th		DATE SIGNED	100 0000
AL INCH	Violano 3	44	2	ATTENDING	MED. S	TAFF K	9/6/67	
22c. PHYSICIA	N'S	·	M.D	. PHYS	DIRECTOR P	HYS. 🔠	,,0,0,	
NAME (7)		Adama	M D		01 N. Cha	rlog St		
								(0)
3a. BURIAL, CREM REMOVAL (Spe	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, town or		(State)
Burial	9/9/19	967	Parkwood		Balt	o. Co.	Me	d.
24. FUNERAL DIRE	nkins & S	ons Co	o. 4905 York	Road 25a. RE	C'D BY RECISTRAF	25b. RECISTR	AR'S SICNATUR	E
1. 11. 001		Solto C		DATE	FP 7 19	167 poll	anlas Que	de
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F	PLACE OF DEATH				II O STATEMEN MERCHANIC	FARRY INAME.				a desiral -1	
(. COUNTY	* .			2. USUAL RESIDEN		b. COU			egmission	
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	Roseda	ale		30 yrs			and		03	/	
- '				pital, give street eddress)						RESIDENCE A FARM?	
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	DECEASED					OF		h			
					-			/5		67	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED			 AGE (In yeers lest birthdey) 			R 24 HRS.	
		White					/8 yrs.				
10a do	. USUAL OCCUPATION of wor	ION (Give kind of work	d)							COUNTRY	
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13.					14. MOTHER'S MAIDEN		ML			11.17	
						Mar	y Mane				
15. (Ye	WAS DECEASED EVE	ER IN U.S. ARMED FOR	CES? 16.								
	No				Vivian Windi	sch 13	41 Everi	ng Aver	ue		
			cause per l	ine for (e), (b), end (c).)	7.0				INTERVAL B		
	PART I. DEATH	H WAS CAUSED BY: IMMEDIATE CAUSE (a)		1-5-C-V	VISCAS	-				_	
	42.21 DUE TO										
	Conditions, if any	, which) (b)			A Dalleton						
	•	DUE TO									
	cause lest.	(c)		Man Hill 1994							
8	PART IN OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	VEN IN PART 1	e) 19. WAS	AUTOPSY ORMED?	
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	CAUSE OF DEATH.	NIKIBOTING []			,						
3		IRY Month, Day, Ye					ity or town)	(Count	v)	(Stete)	
WED	and the same of th	19		1401:34-71110	ory, sileer, office blug., en	'''	/		/		
		nal I look charge o	of the rem	naips described above, he	eld an Autopsy ,	Inspectio	n Inqui	ry D	and in my	opinion	
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		Maria		. 7					1.1		
	ACTUAL	1/1/2	57	12				9	Golfe -	RGNED	
	SIGNATURE	1101-	5 60		M.D.			1/	223/	•	
	EXAMINER'S NAME (Type)	M.B	DA	wis mi)				21-	Xue	-	
22a		ON, 226. DATE THERE	OF	22c. NAME OF CEMETERY O		22d. LOC	ATION (City, fow)	n, or county	†SI	ete)	
	REMOVAL (Specify)		77	Davison and Com.	the court	Bolts	imone	Co	MA		
	Burial	7-12-19)(rarkwood ceme	rer'y						
23.	FUNERAL DIRECTOR	R		ADDRESS	(2 7) 24e. RE	C'D BY REGIS	TRAPI 245. REC	GISTRAR'S SIG	NATURE _	- 0	
	3. 10a doi 13. 15. (Ye	Write RURAL end ROSed d. NAME OF HOSPI 3. NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPAT done during most of wo PART In BEAT Conditions, if eny geve rise to immed (a), stelling the u ceuse lest. PART IN CAUSE OF DEATH. 20a. EXTERNAL P PART IN CHEFT YOU W 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a. BURIAL, CREMATIC REMOVAL (Specify	Write RURAL and give neerest town) ROSECIALE d. NAME OF HOSPITAL OR INSTITUTION (3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refire arbar 13. FATHER'S NAME Charles Ba 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unkown) (Ifyes givewer or detectors No 18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e), she in give rise to Immediate cause (a), she ing the underlying cause lest. PART II: GIHER SIGNIFICANT CONDITION (C) PART II: GIHER SIGNIFICANT CONDITION (C) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. TIME OF INJURY Month, Dey, Ye Hour e.m. p.fm. 19 21. I certify that I look charge (d) the contribution of the co	Rosedale d. NAME OF HOSPITAL OR INSTITUTION (if not in hos 1341 Evering Avenue 3. NAME OF DECEASED (Type or print) Alonzo 5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME Charles Baumgare 13. FATHER'S NAME Charles Baumgare 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yea, no, or unkown) (Ifyes give were or detea of service) NO 18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) PART II. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) PART II. TOUR HOLD IN TO (c) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH 20b. 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CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). PART IN-SUMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MARDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (e), steining the underlying source lest. The print of the print of the term of the term of the print of the print of the term of the cause (e). PART IN-SUMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM While Not Marbier fectory, street, office bidg., she file while were the control of the term of the cause (e). 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DATE OF BIRTH P. AGE (In year Four beauting and not beauting street or less lighted by months) Male White MOOWED DIVORCED L-1-1889 DO. USUAL OCCUPATION (Give sind of work done during most of working life, even if relited) Darray B. JATHER'S NAME Charles Baumgardner Id. MOTHER'S MAIDEN NAME Charles Baumgardner Id. MOTHER'S MAIDEN NAME Charles Baumgardner Id. MOTHER'S MAIDEN NAME The Address Late DATE Month Decrease Location Locatio	Wis RURAL and give neteral town) Rosedale d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give threat eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give threat eddress) 3. NAME OF DECEASED The part of t	

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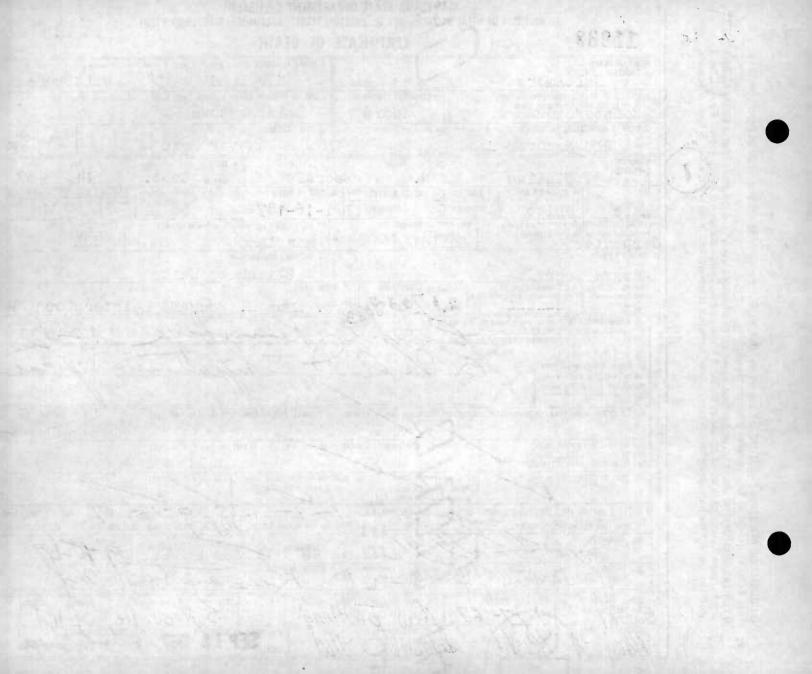
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c & d Fi OF RTIFICATE 11951 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY MARYLAND ond completely filled in by the c. LENGTH OF STAY IN 16 CCITY OR TOWN autside carparate limits, write RURAL and give nearest tawn) 21218 Ralworth INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM d. STREET ADDRESS YES NO F NAME OF 4. DATE carbon Middle Last Year Day DECEASED OF DEATH (Type or print) 19 6 SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS remove hirthday) Manths Days Hours in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician c please during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? CHESTER TOWNAMARY LAND Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, L11513 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, grunknawn) (If yes give war ar dates af service 0 Md. Masonic Home. Same as # cremotion, CAUSE OF DEATH (Enter only one cause per line for (a), (b) and PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a) DUF TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES NO 9 Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at wark at wark 1967 that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased fram_ should and that death accurred of 5-3 OAM, from couses and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL(Specify) Baltimore, Maryland Sept. 9, 1967 Loudon Park Cemetery 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wm. Cook-Brooks Towson, 1050 YorkRoad VR A15 (4) Towson, Maryland 21204 DATE SF 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11952 CERTIFICATE OF DEATH executed within 24 haurs after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY ALTI MORE ely filled in by the funibun papers. Pages 1 c MARYLAND CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) +10da EFFERSON ATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A STREET ADDRESS ON A FARM CRYSTAL BROOK PARK SUMMIT NURSING HOME NO NAME OF Middle 4. DATE Year DECEASED CKER 196 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE NEVER MARRIED birthdoy) Hours DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) COUNTRY INDUSTRY RELAN HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotian, ar remayal. GILBER THER FORD Address 115BROAJGAY WAS DECEASED EVER IN ILS ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service GILBERT BECKER INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending the last. SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INTURY OCCURRED TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased fram 1967, and that death occurred at 2007M, from causes and on the date stated above. saw the deceased alive an 220. SIGNATURE M.D directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL 8017 23d. LOCATION 23o. BURIAL, CREMATION DATE THEREOI REMOVAL (Specify) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

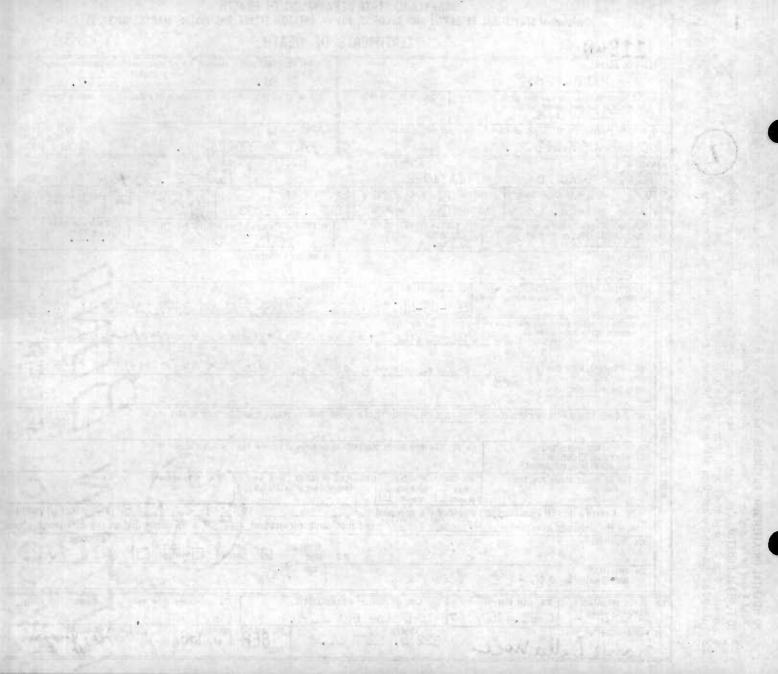
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11953 11933 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY timore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Reister's town c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Years Reisterstown illed in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM filled Old Hanover Road Hanover Road 01.0 NO PE YES PHYSICIAN: The law requires that the death certificate be executed within corbon NAME OF Middle 4. DATE 3 Month completely Dov Year DECEASED William Becraft. Sept. 67 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove (pirthdoy) Months Doys Hours -16 - 1879and in any Male White WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COHNIEA S Maryland Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Elizabeth White 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Emma M. Becraft Reisterstown. rs. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), b), and (c), INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse priar ta TO FUNERAL DIRECTOR: After this certificate has been the last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? of Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year, 20d. INJURY OCCUBRED 20e. PLACE OF INJURY (Hame, farm, (City op town) (County)_ (State) Hour o.m. Not While foctory, street, office bldg., etc.) State ATTENDING ot work ot work pe 21. I certify that (1) (this haspital) attended the/deceased fram 19 to O be retained with the and that death accurred at, M. from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURS 22b. DATE SIGNED ATTENDING STAFF PHYS. directar, page 3 should be filed v M.D DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CRÉMATION DATE THEREOF 23c. MAME OF CEMETERY OR CREMATOR) LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAX'S SIGNATUR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11954 CERTIFICATE OF DEATH 104 low requires that the deoth certificote be executed within 24 hours after death USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTO. Md. BALTO. MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) on paper within 72 physician and completely tilled ten please remave corban pape MARYNNOLL RD. MARYKNOLL RD. YES NO NAME OF First Middle Last 4. DATE Month Day Year DECEASED GIACOMO BELLAFIORE 19 (Type or print) DEATH IF UNDER AGE (In years 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH pirthday) Months Days Haurs M. DIVORCED W. WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign Country) 12. CITIZEN OF WHAT TCOUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, JOSEPH BELLAFIORE ????????? WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war ar dates of service) 218-05-WI MRS. LEANORE SHELDON 3917 MARYKNOLL RD cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physicion. DUE TO sigmoid a colostom Conditions, if any, which gave rise ta immediate couse (o), DUF TO stating the underlying couse os the prior to hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Heolth NO TO FUNERAL DIRECTOR: After this certificate tor 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this hospital) attended the deceased fram Jam 19 1 0 ploods and that death accurred at 10 P. M. fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** PHYS. M.D. PHYS DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S 920 NAME (Type) 57. AUL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) SEPT. LORRaine GEMETERY WOODLAWN Md REGISTRAP 1967 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) ella hoce 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11956 11942 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Marvland Baltimere Baltimere MARYLAND requires that the deoth certificate be executed within 24 hours after hours after filled in by the f b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) monthes Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? Armacost Nursing Home YES NO X 7110 Heathfield Road ape completely fi NAME OF Middle 4. DATE Manth Last Day Year DECEASED September 21, 19 67 (Type or print) Marjerie Yocke1 Bittner DEATH S. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove n eny ev lost birthday) Dovs Hours WIDOWED DIVORCED Nov. 7. 1897 69 Female White 1Da. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT leose INDUSTRY COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Frederick Yockel Annie Hoffmeister 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service) Mr. Neal J. Bittner 7110 Heathfield Rd. 216→05→7062B No 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO os the stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO U YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Not While factory, street, affice bldg., etc.) at work 21. I certify that (1) (this hospital) attended the deceased fram about 18, 1967, to Self 2 . 1967 that (I) (we) last 19.6.), and that death accurred at 230 A-M, fram causes and an the date stated above saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Stephen J. Van Lill III, M.D. 3506 N. Calvert St. 21218 NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Maryland 9/23/67 New Cathedral Cemetery 25b. REGISTRAR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson 1050 York Rd. 21204 20 M 1/66

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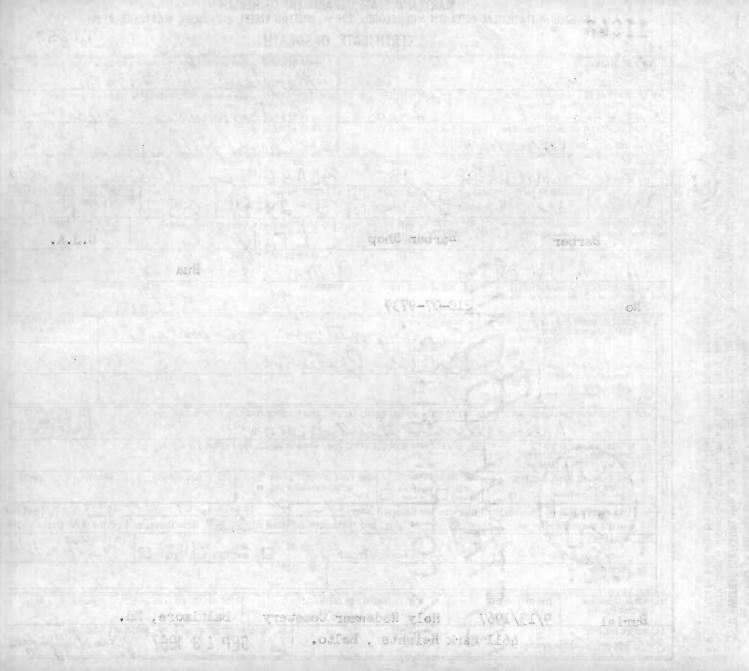
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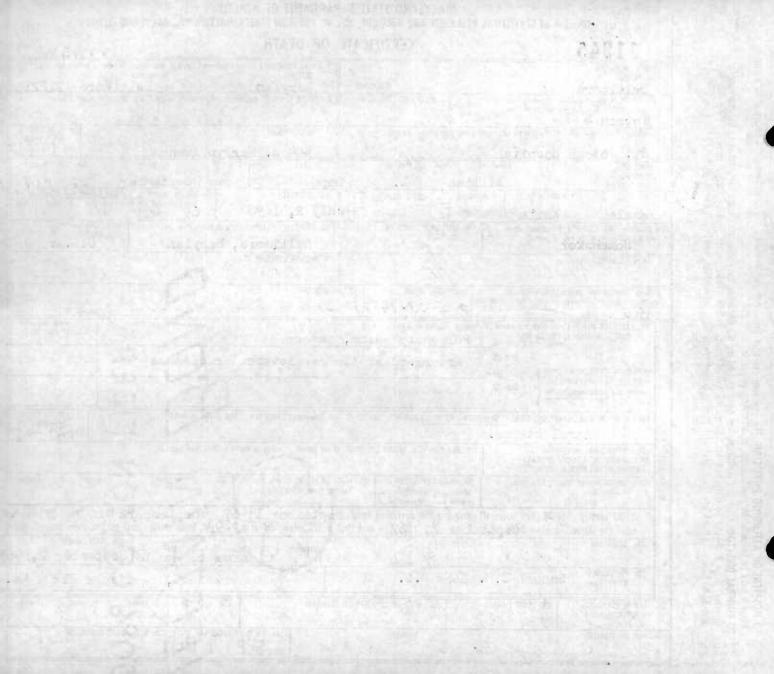


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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11945 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. STATE b. COUNTY a. COUNTY MARYLAND Maryland Baltimore Baltimore c. CITY DR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY DR TDWN (If outside carparate limits, write RURAL and give nearest town) Towson e. IS RESIDENCE ON A FARM? d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS campletely filled in hin 72 YES NO TO 404 S. Marlyn Avenue St. Joseph Hospital requires that the death certificate be executed within 4 DATE NAME OF Year remave carbon Day DECEASED Lillian E. Bopp September 19 67 event, DEATH Type or print IF LINDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthdoy) Manths Dovs Haurs July 2, 1898 WIDOWED DIVDRCED and in any White Female 10a, USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking lite, even if retired) physician Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, MARY C. FANGMANN PHILIP ROPP 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war ar dotes af service 215-03-1457 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DNSET AND DEATH burial-transit Pulmonary edema, severe IMMEDIATE CAUSE (o) signed by DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Mitral stenesis NO Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) (City or tawn) (Caunty) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice blda., etc.) Not While ot work ot work 21. I certify that (*) (this haspital) attended the deceased from September 1 1967, to September 2 1967, that (*) (we) last saw the deceased alive of September 2 1967, and that death accurred at 1:20 M, from causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** STAFF PHYS. September 2.1967 PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Samuel C.H. LEE 7620 York Road, Baltimore 21204 Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (Stote) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2SH. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE SEP

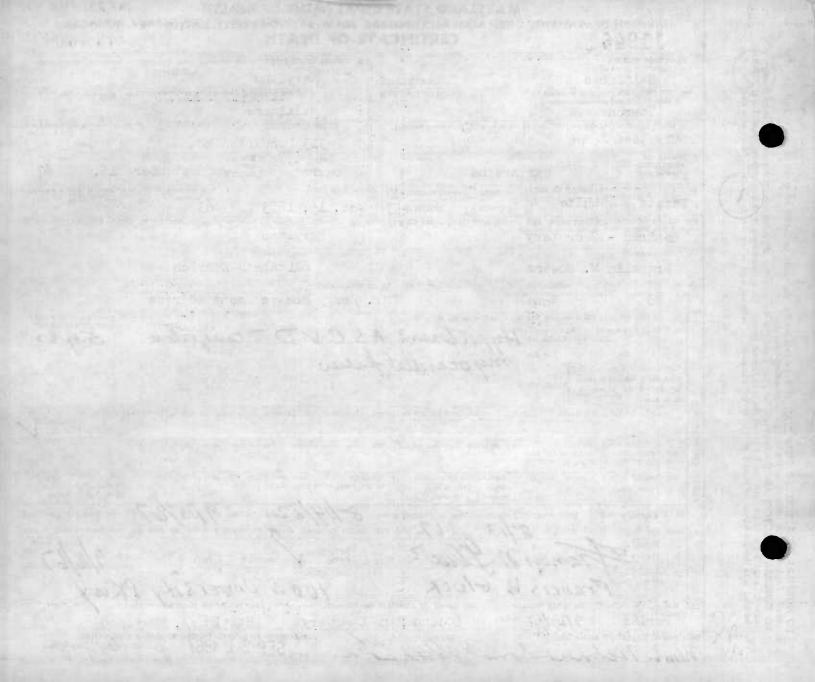




MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11946 CERTIFICATE OF DEATH

1. PLACE OF DEAT				2. USUAL RES			ceased lived, If b. COUN		idence before	edmission)
Balti	(if outside corporate limi		MARYLAND	_				100	1/10:	
write RURAL an	d give nearest town)	5,	c. LENGTH OF STAY IN 16				orate limits, write	KUKAL and g	live nearest to	wn)
Towson	• •			Ba	ltimo	ore			03	- /
		f not in hos	pital, giva straet address)	d. STREET AD	DRESS					A FARM?
	Joppa Road					parton		17		NO [
3. NAME OF DECEASED	First		Middle	Last	4	OF	Month		Day Yes	
(Typa or print)	Mar	gare tl	na	Bowers		DEATH	Septe	mber .	15, 19	67
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9.	AGE (in years	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.
Female	White	WIDOWE		Oct. 16,	1883	3	83 yrs.	Months Da	ys Hours	Min.
done during most of w	TION (Give kind of work orking life, even, if retire — Secretary	10b. K	IND OF BUSINESS OR INDUS		ylano		loreign country)	12. CITIZE	N OF WHAT	COUNTRY
13. FATHER'S NAME	7-17-17-17			14. MOTHER'S M	AIDEN NA	AME				
Frankli	n W. Bowers			E	lizat	beth E	merich			
15. WAS DECEASED EN	ER IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17.	INFORMANT			Address		-	
(Yes, no, oc unkown) (If yes give were reales of s	ervice)		r. Harry B	owers	s sam	e addre			
Conditions, if any gave rise to immed (a), stating the uncause last.	liate cause	m		45 CV			rizeni		3 9	
PART II. OTHE	R SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINA	L DISEASE (CONDITION GIV	EN IN PART 1		AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	ED, (Enter nature of in	jury in Pa	rt I or Part II	of item 18.)		1163	NO 12
20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Yes	While	Not While fa	LACE OF INJURY (Horselory, street, office blo		20f. (City	or town)	(County	r)	(State)
	that (I) (this hospit sed alive on	al) attend	ded the deceased from	at death occured		, to M, from	11 -/		, that (I) date state	100 T - V
220. SIGNATURE	Francis	m	Hlucz	ATTENDING PHYS.		D. ECTOR	STAFF PHYS.		9/16/1	DATE SIGNED
22c. PHYSICIAN'S NAME (Type		WE	Fluck	22d. ADDRES	OW	Unu	rersit	x PK	WX	
23a. BURIAL, CREMAT REMOVAL ISpecify Burial	9/18/67	EOF	Loudon Parl				imore,			State)
24 FUNERAL DIRECTO	R'S SIGNATURE	8	Berling, n	res-	Sa. REC'D	P 2 T			NATURE BY	es.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11961 17 Caltem #ld Film CAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COLINTY BALTIMORE o. STATE b. COUNTY BALTIMORE State Department of b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write_RURAL and give nearest town) 7276 - GOUGH d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS BALTIMORE e. IS RESIDENCE ON A FARM? 4 shauld be forwarded to the Chief Medical Examiner's Office along with form 7276 Gough St. in Item 18. Give Pages NO This certificate shauld be executed within 24 hours after death. NAME OF Last 4. DATE Year the I DECEASED Downasi OF (Type or print) DEATH 9. AGE (In years last birthdoy) IF UNDER S. SEX 6. COLOR OR RACE 7 MARRIED Months Hours burial-transit permit. File pages 1 and 2 wi FEB: 7, 1895 Min. MALE WHITE event within 72 haurs ofter death. DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if refired) INDUSTRY TIMBERVILLE, VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ANN REBECCA BOWMAN BOWMAN 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service) 578-22-5236 18. CAUSE OF DEATH (Enter only one cause per line far (a) (b) and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) writing the word DUE TO any Canditians, if any, which gove (b) rise to immediate couse (o). = DUE TO stating the underlying couse pup SD PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO PARTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be used 19. WAS AUTOPSY removal, PERFORMED? please execute the certificate, NO 2Dg. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING ö CAUSE OF DEATH crematian, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) yaur Hour a.m. factory, street, office bldg., etc.) at wark of work 21. I certify that I took charge of the remains described above, held an Autapsv Inspection and in my opinian Accident death resulted from: Natural couses Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior to k 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Health Address (Street, city, tawn, or county) 0 ALEXANDRIA NAT. CEM. ALEXANDRIA 24. FUNERAL DIRECTORHYSONG FUN. HOME - ADDRESS 1300-N ST. NW Per. Thes. M. Hysona Washington, DC 250. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 DATESEP

MARYLAND STATE DEPARTMENT OF HEALTH

ALIAN SECRETARION OF SECRETARIAN AND A SECRETARIAN AND A SECRETARIAN AND A SECRETARIAN AND ASSESSMENT OF SECRETARIAN AND ASSES HANNATA CAMURANA THE PROPERTY. TEATE HORSE AT ST EXAMPLE MA File March Frankling Storman and The St. T. MALE CONTROL OF STATE TRANSLIN N. BOWHAN ... TANK RENEZA BOWHNIE TO A STREET WASHINGTON TO PARTY OF THE PARTY at the second of China Corporation There Potters AV AGENTACIA COLLA COLLA AGENTACIONA COLLA MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		11543			CERT	FICALE	OF DEATH		3 4 34	10%
/		PLACE OF DEATH COUNTY. Baltimore			MA	RYLAND	2. USUAL RESIDENCE O. STATE Maryland	(Where deceosed lived, if institu b. COU		before odmission)
			outside corporate limit give nearest town)	ts,	c. LENGTH OF STA			outside carparate limits, write RL	JRAL and give no	earest tawn)
		write RURAL and	give nearest town)		10 y	rs	Baltimore			03.1
		. NAME OF HOSPITA	L OR INSTITUTION (If n	at in haspital,			d. STREET ADDRESS	Establish Transfer		e. IS RESIDENCE ON A FARM?
		St. Jose	ph Hospita	1			446 Bucks	School House F	Rd. #212	206YES NO [
	3.	NAME OF DECEASED		irst	Middle		Last	4. DATE Mon		Day Year
	1	Type ar print)	Lew		C.		Boyle	DEATHSeptembe	r 1	1967
S.		SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR		B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Do	EAR IF UNDER 24 HR oys Hours Min
		Male	White	WIDOWED		ED .	July 25,191	0 57 yrs.		
	10a dur	USUAL OCCUPATION ng most of working 1	(Give kind at wark dane te, even it retired)	10	IND OF BUSINESS OR			y & State, or foreign country)	COLINI	N OF WHAT TRY?
I			,	Pen	na. Railr	oad		unty, Maryland		U.S.A.
ı	13.	FATHER'S NAME				No.	14. MOTHER'S MAIDEN	NAME		
1			John E	Boyl	e	1.00		Mary O. H		5
	15. (Y€	WAS DECEASED EVER	IN U.S. ARMED FORCES?	at service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	Addr	ess	
1	1	No	100 9.00		63-05-956	6 M	cs Doris Bo	vle 446 Bucks	School	House Roa
		IB. CAUSE OF DE	ATH (Enter only one car				NO THE NAME	DAE TO BUTTO		INTERVAL BETWEEN ONSET AND DEATH
		PART I. UEAT	WAS CAUSED BY: IMMEDIATE CAUSE	(a) Conf	luent lob	ar pne	eumonia, lef	t lung.		ONSET AND DEATH
-		4911	DUE	10						
ł		Conditions, if any, rise to immediate	couse (a)	(b)		70.7	12 - 210		1977	
ı		stoting the under		10						
l		last.		(c)						
ı	× ×						THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
	STI		atosis, pr							YES X NO
	MEDICAL CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DI	ESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I ar Part II af item 1B.)		
	MEDICAL	20c. TIME OF INJU Hour a.m	10	20d. 1 While at war	NJURY OCCURRED Not While		CE OF INJURY (Home, far ory, street, office bldg., et		(County	y) (State)
		21. I certif	that M (this ho	spital) atten	ded the decease	d fram A	ugust 25 .	1907 , to Septemb	er 196	, that (A (we)
		saw the de	ceased alive ans	btembe	r 17 1967	, and tha	t death accurred a	t5:25AM, fram causes	and an the	date stated abo
		22a. SIGNATURE).			ATTENDING	MED CTAFF	22b. DATE	SIGNED
Ì				in le	7.	M.I	D. PHYS.	DIRECTOR PHYS.	x 9/11/	67
		22c. PHYSICIAN'S NAME (Type)	Reynaldo	Orjuel	a-Gomez,	M.D.	7620 Yor	k Rd., Towson,	Md. 21	204
1	230	BURIAL, CREMATIO	N, 23b. DATE TH	IEREOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION (City or To	own) (Co	ounty) (State)
		REMOVAL (Specify)	9-13-3	1967	Parkwoo	d Cem	eterv	Baltimore	Co.	Md.
		. FUNERAL DIRECTO			ADDRESS	(;	25a. REC	D BY REGISTRAR 2Sb. R	REGISTRAR'S SIGN	
1	1	00000	7	-410.	24/01	R. O.	PASE	P 1 3 1967 2	charles	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

11963 CERTIFICATE OF DEATH

PLACE OF DEATH BALTIMORE COUNTY 2. USUAL RESIDENCE (Where deceased liyed. If institution: Residence before admission) o. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 goside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) OWINGS MILLS d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO PHYSICIAN'S OFF NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) 196 COLOR OR RAPE) 7. MARRIED NEVER MARRIED S. SEX B. DATE OF 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most to working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) unracetes DUE TO Canditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO M CERTIFIC 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) foctory, street, office bldg., etc.) Haur a. m. Not while While at wark at work p. m. /, and that death accurred at 2.15 M, from the causes and on the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 00 M.D. PHYS. DIRECTOR _ 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City Jawn, (pr county) AL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. REGISTRARS SIGNATURE

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death.

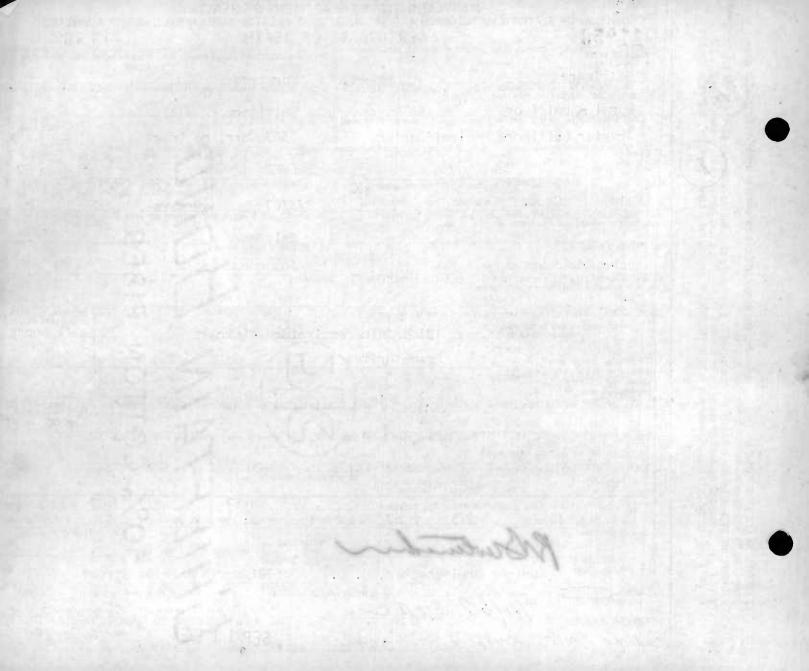
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CERTIFICATE OF DEATH

Reg. Dist. No.

1	Deltimore Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY Md. Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Paradise Nursing Home	d. STREET ADDRESS 1005 Southridge Rd. e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) T, FREDERICK	BROENING 4. DATE Month Doy Year OF DEATH Sept. 21, 19 67
	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Pebruary 10,1873 9. AGE (In years lift UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF 8USINESS OR INDU	11. BIRTHPLACE (State or foreign country) Maryland USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. I	Mr. Trederick Lyman Broefing 1005 Southridge Rd.
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO (b) DUE TO (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
_	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work	LACE OF INJURY (Home, form, clary, street, affice bldg., etc.) (City or town) (County) (State)
	ACTUAL SIGNATURE OCLORIGISM	n accurred at 11 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 3915 HOLLINS FERRY RD DIACTIHORE Md. 21227
1	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BREMOVAL (Specify) 9/23/67 Druid Ridge	
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witzke F. D 4101 Edmondson Av.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATSEP 26 1967 Plice of grant of the second of th

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13406 death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND CALVERT MARYLAND hours after b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 8 DAYS ADELINA FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL ROUTE 1, PRINCE FREDERICK YES NO within within NAME OF First Middle DATE pau Last Month Day Year DECEASED **JOHN** BROOKS SEPTEMBER DEATH 19 67 (Type or print) requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED remove birthday) Manths Days Hours 11/14/94 and in any MALE NDERO WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ADELINA, MARYLAND LONGSHOREMAN U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, LOUISE KELSON SAMPSON BROOKS 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates af service) 212 09 67 10 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **BRONCHOPNEUMONIA** IMMEDIATE CAUSE (a) signed by aftending physician DUE TO burial-t ADENOCARCINOMA PROSTATE WITH METASTASIS TO REGIONAL Canditians, if any, which gave rise to immediate cause (a), LYMPH NODES AND URINARY BLADDER DUF TO stating the underlying couse as the has been PHIMONARY TUBERCULOSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? HEART DISEASE ARTERIOSCIEROTIC YES X NO by the hospital or certificate ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH etached <u>af</u> (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, affice bldg., etc.) Hour o.m. Not While at wark TO FUNERAL DIRECTOR: After 9/21/67 21. I certify that the (this haspital) attended the deceased fram. be retained 29/67 and that death accurred at 7:10AM, from causes and an the date stated above. saw the deceased dive 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. filed PHYS director, page shauld be filed TO HOSPITAL Page 4 may k 22d. ADDRESS 22c. PHYSICIAN'S RODOLFO G. MIRO, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (State) 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 WILSON FUNERAL HOME

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1 13	10-20-67 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR 11953 MEDICAL EXAMINER'S CERTIFICATE OF	
FOR STATE		
HENEITH PERMIT	O. COUNTY a. STATE	here deceased lived, if institution: Residence befare admission) b. COUNTY
delay is and 3 to M3. Page tment of	b. CITY OR 10 WN (It outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits,	side carparate limits, write RURAL and give nearest tawn)
ry delo	write RURAL and give negrest town) Sparrow Point Sparrows	Point 03./
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
oath. If any de oges 1, 2, and ith farm PM3.	Sparrows Point 703 "I" St	
Page Nith	DECEASED	4. DATE Manth Day Year OF
hours after death. It Item 18. Give Pages 1, Office along with farm land 2 with the State De er death.	(Type or print) AT_PHONSO WM BROWN	DEATH September 9 19 67
alo alo	WINDWED DIVORCED DIS-23-1023	last birthday) Months Days Haurs Min.
aurs m 1 ffice nd 2 deat	THE STATE OF THE TION (CIVE LINE) AND A STATE OF THE STAT	ir foreign country) 12. CITIZEN OF WHAT
24 haurs a in Item 18. r's Office al es I and 2 w'iter death.	I during most of working life even if retired) I INDISTRY	E, MARYLAND U.S.A.
thin 24 haurs nail in Item I niner's Office pages I and 2 urs after death	13. FATHER'S NAME 14. MOTHER'S MAIDEN NA	
with pen kam koul	CHARLES O. BROWN ELIZABET	H HILLSON
hed in all Es	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Address
xecuted wit nding" in pe Medical Exan permit. File within 72 hou	212-20-8519 Mrs. Jimmie	
This certificate shauld be executed within 24 haurs after death. cate, writing the ward "pending" in pencil in Item 18. Give Page be farwarded to the Chief Medical Examiner's Office along with the bused as a burial-transit permit. File pages land 2 with the Statemoval, and in any event within 72 hours after death.	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: MMEDIATE (AUSE (a) Arteriosclerotic cardiovas	INTERVAL BETWEEN ONSET AND DEATH
shauld be e ne ward "per a the Chief I burial-transit	4221 IMMEDIATE CAUSE (a) Arteriosclerotic cardiovas	Culai uibeabe
shau the urial	Conditions, if ony, which gove) (b)	
the street	rise to immediate cause (a), stating the underlying cause DUE TO	
certificate shauld writing the ward rwarded ta the Ci ised as a burial-tra val, and in any ev	lost. (c)	
INER: This certificate slee certificate, writing the should be farwarded to files. 3 should be used as a bu filen, or removal, and in a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	PERFORMED?
This rate, se for the remover	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Po	ort Lor Port II of item 18)
a la	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	an Fair II of Notices,
orcal Examiner: Trace execute the certificator. Page 4 should be ned far your files. ECTOR: Page 3 should burial, crematian, or rebuild.	20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm,	20f. (City ar tawn) (County) (Stote)
	Hour a.m. Not While at work a	
L EXA cecute Page far yai oR: Paga	21. I certify that I taak charge af the remains described above, held an Autapsy [X],	Inspection, Inquiry, and in my apinia
0		
MEDICA Nease e: directar etained DIRECTO	ACTUAL CHIEF MEDICAL E.	XAMINER 22. DATE SIGNED
Y, p ral ere ere	DEDITY MEDICAL	
DEPUTY MEDICAL EXAM sessary, please execute the e funeral director. Page 4 may be retained far your FUNERAL DIRECTOR. Page salth prior ta burial, crema	(EAAMINEK)	city, tawn, or county) September 10, 196
TO DEPUTY MED necessary, please the funeral direct 5 may be refaine TO FUNERAL DIRECT Health prior to b	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn) (County) (State)
= = =	Buria 9-13-67 Arbutus Memorial Pk	
VR A 15ME (5)		PREGISTAR 19676b. REGISTAR'S SIGNATURE
om 1/0/	MORTON & DYETT F.H. 1701 Laurens St. DATE	

THE PROPERTY OF STREET STREET, ,00 the first thank the Company of the second s 26,000 AND REPORTED THE RESERVE LARGER SETTING AND THE STREET STREET, MAY LABOR ... TOPELLIN SPEED COLUMN STREET STREET Party 2012 1881 - Provide the Party 183 I Street

A LANGE OF E METER P. 1. 1701 CAUTENS St. - 1

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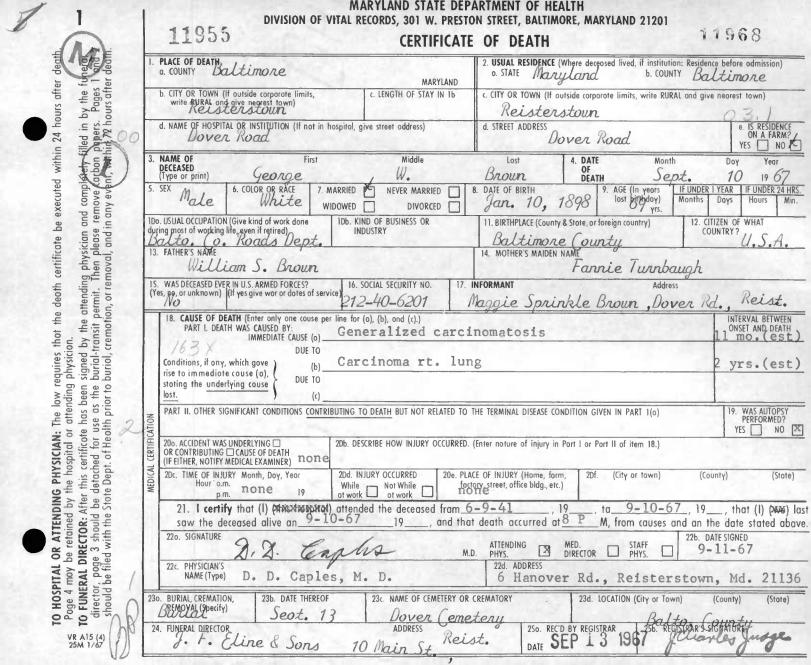
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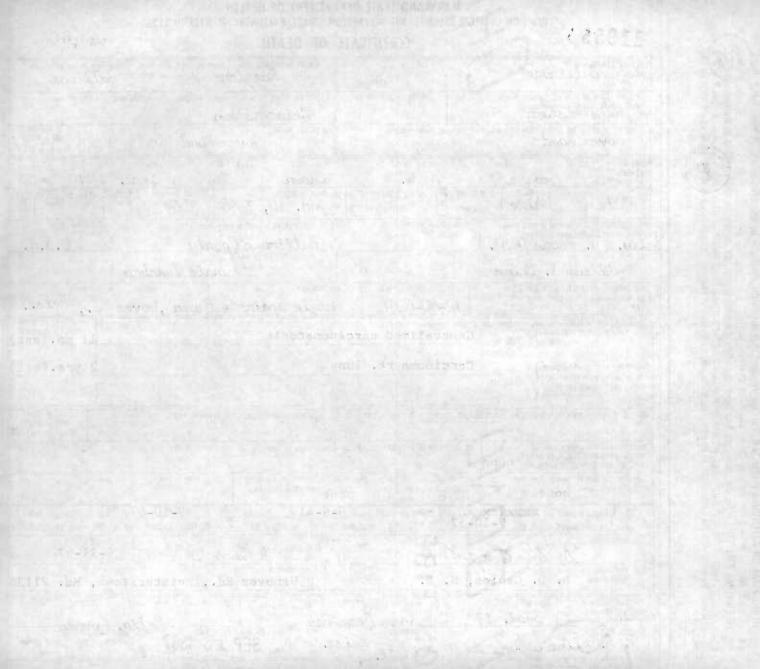
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagets. Pages 1 and should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after deat Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11959

CERTIFICATE OF DEATH

11969

	W. W. O			CERTITI	CAIL	OI PLAIII						
1.	PLACE OF DEATH a. COUNTY	MT140DE				2. USUAL RESIDENCE (F (01)		ce befare	admissia	n)
		TIMORE		MARYL			IARYL		-			
	b. CITY OR TOWN (write RURAL one	f autside carporate lin give negrest town) HOWARD	,	c. LENGTH OF STAY IN	l lb	C. CITY OR TOWN (If at BALTIMOF		arate limits, write RU	IRAL and giv	e nearest	town)	4
		AL OR INSTITUTION (IF				d. STREET ADDRESS	-			Ta	. IS RESID	ENCE
		ADMINIST				407 S. MOU	INT S	TYREEYI			ON A FA	RM?
3.	NAME OF		First	Middle -		Last	4. DATI	Mor	ıth	Day	Yeo	ı
	(Type or print)		GEORGE	WAID	0	BUCK	OF DEAT	SEP	TEMBE	R 5	19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED XI			DATE OF BIRTH	DEA	9. AGE (In years	IF UNDER		IF UNDER	
	MALE	WHITE	WIDOWED [DIVORCED		/24/09		last birthday) 58 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATION	(Give kind af wark da		OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar	fareign country)		TIZEN OF		
dur	ing most of working	ANTTATION	DEPT. BA	LITIMORE C	ITY	BALTO. MA	RYTA	ND		S.A		
	FATHER'S NAME	WITTWITON	101111 2 0 111	IHLHIOIH O		14. MOTHER'S MAIDEN	-	5120				
		TIMETA DE DIE	av					MERSON				
15	WAS DECEASED EVE	EDWARD BU R IN U.S. ARMED FORCE		CIAL SECURITY NO.	1 17 18				2055			
(4	es, no, ar unknawn) YES	(If yes give war ar date	s of service)	01 56 31	CL	TN. RECORDS	Buc.	k-407 S. HOSPITAL.	Mount FT H	St	D. M	D.
										INTE	RVAL BETY	WEEN
	PART I. DEATH WAS CAUSED BY: PRONCHOCENTO CARCTNOMA LITTUU PRATH METRACITACITE PRONCHOCENTO											MTH
	1621	IMMEDIATE CAU	DE TO							-		
	Canditions, if any											
	rise to immediat	e cause (a),	(b) UE TO							-		-
	stoting the unde	rlying cause										
	last.	,	(c)							1.0		
MEDICAL CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO TH	HE TERMINAL DISEASE COI	NDITION G	IVEN IN PART 1(a)		19. YE	WAS AUTO PERFORME S	ED?
2	20g, ACCIDENT WAS	HMDEDLVING [7]	T and prec	DIDE HOW INHIDA OCC	CHIDDED (inter noture of injury in	Dank Land	One II of item 10 \		16.	، اعم	NO []
ERT	OR CONTRIBUTING	CAUSE OF DEATH	ZUD. DESC	KIBE HOW INJURY OC	CURRED. (I	ther noture at injury in	ruti i oi i	rull II of Hem To.)				
1		MEDICAL EXAMINER)										
200	20c. TIME OF INJU	IRY Manth, Day, Year	20d. INJU While	JRY OCCURRED Nat While		OF INJURY (Hame, farn ry, street, office bldg., etc.)		. (City or town)	(Co	unty)	(Stote)
×	p.r	1	9 at work		10010	ry, sireer, office blag., erc.	'					
	21. I certif	y that (1) (this h	aspital) attende	d the deceased f	ram	5/14/67	9	ta_ 9/5/67		, the	at (PK ()	we) last
		eceased alive an_	1 1 2			death accurred at	2:20A	M, fram causes				
	220. SIGNATURE	CY	1						22b. D	ATE SIGNE	D	
	1. 1. 1. 1.	. /)	1 .	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	9	15/6	7	
	22c, PHYSICIAN'S	11/	1111	11/11/11		22d. ADDRESS				121-		
	NAME (Type)	RODOLDO	G. MIRO	, W. D.		VAH FORT	HOWA	RD, MAKYI	AND			
23/	b. BURIAL, CREMATIC	ON, 23b. DATE,	THEREOF T	23c. NAME OF CEMET	FRY OR C	PEMATORY	234	LOCATION (City or To	nwn)	(County)	(5)	tate)
230	REMOVAL (Specify	9/8/	(-17)	BALTIMORE				ALTIMORE		, ,,	,	-107
2,	I. FUNERAL DIRECTO			ADDRESS	TATTT				EGISTRAR'S			
1	. TONERAL DIRECTO	N.	WI	TZKE FUNE	RAL H		BY REGI	100/1 /	Tarl	20 X2	de	
				OTTTMO 0 (TAKE	THE THE		0	V	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

4405

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11970

11957

CERTIFICATE OF DEATH

1. PLACE OF DEATH			(Where deceased lived, if institution: Resid	dence before odmission)
o. COUNTY BALTIMORE	MARYLAND	o. STATE MAT	RYIAND b. COUNTY	
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside carporote limits, write RURAL and	give neorest town)
write RURAL and give nearest town) FORT HOWARD MARYIAND	17 DAYS	BAJ	TIMORE 21202	30:4
d. NAME OF HOSPITAL OR INSTITUTION (if nat in haspital, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
VETERANS ADMINISTRATION HO	SPITAL	1700 LAMO	NT AVENUE	ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) OSCAR	Middle BUI	Last VCH	4. DATE Month OF DEATH SEPTEMBER	Day Year R 10 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND last birthdoy) Month	ER 1 YEAR IF UNDER 24 HRS.
MALE NEGRO WIDOWED	DIVORCED 🔲	10/24/12	last birthdoy) Month	S Doys Hours Min.
	OF BUSINESS OR	11. BIRTHPLACE (County		CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) TANTTOR APARTS		NASH COU	INTY, NORTH CAROLI	NA U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
PUGH BUNCH		GEORGIANNA	MN: HARRIS	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of service)	09 22 16 C	TIN RECORDS	VA HOSPITAL, FT	HOWARD, MD.
1B. CAUSE OF DEATH (Enter only one couse per line for (o),				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CARCT	NOMA OF ESOF	HAGUS WITH	METASTASIS TO LIVE	ONSET AND DEATH
IMMEDIATE CAUSE (U)				
Conditions, if ony, which gove)	TANDATER DANCE			
rise to immediate couse (o),	HOPNEUMONIA			
storing the underlying couse				
, 17	FATH DUT NOT DELATED TO	THE TERMINAL DISEASE CO	ANDITION CIVEN IN DADT 1/-1	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	BOI NOT KETATED TO	THE TERMINAL DISEASE CO	MOTITION GIVEN IN PART I(d)	PERFORMED?
\$		15		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item IB.)	
Hour o.m.	Not While for	ACE OF INJURY (Home, for tory, street, office bldg., etc		(County) (Stote)
21. I certify that (Inthis hospital) ottended	the deceased from	8/25/67	19 to 9/10/67	9 , that (1) (we) la
sow the deceased alive on 9/10/67	19 , and the	at death accurred a	1:45PM, fram causes and ar	
220. SIGNATURE	1		22b.	DATE SIGNED
19/1011	M (Pull	.D. PHYS.	MED. DIRECTOR PHYS.	9/11/67
22c. PHYSICIAN'S		22d. ADDRESS	The second of the second	
NAME (Type) RODOLFO G. MIRO, M	. D.	VAH FO	RT HOWARD, MARYLAN	D
230. BURIAL, CREMATION, - 23b. DATE THEREOF / 1	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify)	ede. With or cemerati on	CKEMITOKT		
RURPAT FORMEY 7/ 1/19/			KI K. KA MAILINI	
	ADDRESS	2So. RFC	ROCKY MOUNT D BY REGISTRAR 25b. REGISTRAR	, N. C.
24. FUNERAL DIRECTOR	ADDRESS OCKS FUNERAL		D BY REGISTRAR 2Sb. REGISTRAR	, N. C.

TATA SERVICE SHORT TATE NOTE HORARD, MARSTANA, L. LY DATE BY LEDRING PROFILE THE STATE OF THE S TO OF MANAGEMENT OF THE PARTY O St /45/00 The state of the stat ALIAN ATANAH DORUM BER COUNTY, MORTH CAROLINA U.D.A. STATAN : PH ANNATORIO. MES WE IT 200 CO 22 15 CLIM. RECORDE, VA HORPITAL, ME BUTAND, ND. STANDARD OF CHICK DAYS 9/10//T = 0/25/0T = 9/10/0T = 9/10/0T

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RODOTEO G. MINO, M. D. VAN FURY HOUSED, MARTIAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11971 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth ottending physicion and completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Balto. MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 03 Lyndon Ylundon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? 23 Butler Road Butler Road YES NO X 3. NAME OF Middle Lost 4. DATE Year DECEASED Rob. Rou Duraess September 01 10 (Type or print DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS. NEVER MARRIED last, birthdoy) Months Doys Hours White Male anuaru 28 and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OF 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working tite, even if retired) Retired Salesman COUNTRY ? INDUSTRY Balto. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol, John A. Burgess atherine Love 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Ruth K. Burgess Glyndon, Md. yes CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a) DUE TO hos been stoting the underlying couse Page 4 may be retained by the hospital or attending prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health ! NO this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the M. from couses and an the date stated above sow the deceased olive onand that death occurred of 220. SIGNATURE DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S 22d., ADDRESS NAME Type 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Druid Ridge (emetery ikesville Duriot 250. REC'D BY REGISTRAR 2Sb. RÉGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Eline & Sons Reisterstown, Md. 20 M 1/66

The second secon THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11972 11953 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) g. COUNTY Baltimore 24 haurs after de g. STATE Maryland b. COUNTY ease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND by The Pages b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 day White Marsh Towson 21162 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 2. d STREET AGORESS filled i Box 52, Vincents Farm Lane YES NO TO St. Joseph Hospital 3. NAME OF executed withi 4. DATE Lost Doy Year campletely DECEASED BURRS Joseph September 28. (Type or print) D. **OEATH** S. SEX 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE **NEVER MARRIED** Manths February 12,1899 Male WIDOWED DIVORCED White and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) PHYSICIAN: The law requires that the death certificate be attending physician coermit. Then please INDUSTRY COUNTRY? Maryland Maintance Martin's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. Susan Bolsey Address Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT White (Yes, no, or unknown) (If yes give wor or dotes of service) 220-05-4810AL Mrs Blanche Burrs Box 52 Vincent Farms No crematian, 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Abdominal and thoracic carcinoma secondary TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by to metastatic carcinoma of prostate. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO K 20g. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, office bldg., etc.) Not While of work deceosed from 9/28/, 19 67, to 9/28/, 19 67, that (3) (we) lost 19 67, and that death occurred at 10:30M, from causes and on the date stated above. 21. I certify that (% (this hospital) attended the deceased from 9/28/ 9/28/ sow the deceosed olive on_ 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING x 9/28/67 agan M.D. director, page should be filed **ADDRESS** 22c. PHYSICIAN'S Arturo A. Pidlaoan, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Holly Hills Memorial Baltimore Md Co. 10-2-1967 2 Burial FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 me 7401 Bulan Road OGCT 2 1967

Taylored design . 10 dox Mr. Vimconte Para Larin To was all controls 20 CT 1/2012 CT 120 C State Colored C State C Standoor specifican of hashed her Land toods was the to metalistic oggethemm of products. Marine Matthew a. Andlessen, B. B. . The Mark Mar. Lower M. Committee and the Committee of the Committee of

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

11960	CERTIFIC	CATE OF DEATH	11973
1. PLACE OF DEATH o. COUNTY Baltime	ore MARYLA	O. STATE	red, if institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate RURAL and give nearest Towson	rote limits, c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporote lin Bal timore	
	ION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
70	ing Home 509 E. Joppa		
3. NAME OF DECEASED (Type or print)	First Middle Agnes Helen	Buschmann 4. DATE OF DEATH	Month Doy Year September 30, 19 67
S. SEX 6. COLOR OR Female Whit	WIDOWED A DIVORCED	8. DATE OF BIRTH 9. AGI los 9 1876	(In years IF UNDER YEAR IF UNDER 24 HRS. t birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of during most of working life, even if reting None	vork done ed) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign of Bal timore, Mary)	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Mathew Imhof		Agnes Dietrich	Address
(Yes, no, or unknown) (If yes give wo	or dotes of service)	Mr. Raymond A. Busch	mann 1211 William St.
PART I. DEATH WAS CAUSE	y one couse per line for (a), (b), and (c).) DBY: JE CAUSE (a)	sed arterioclero	INTERVAL BETWEEN ONST AND DEATH
4500	TE CAUSE (o) DUE TO		1
Conditions, if ony, which gove rise to immediate couse (o),	(b)		
stoting the underlying couse last.	DUE TO		
PART II OTHER SIGNIFICANT COM	(C) DITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED?
ATION			PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CO CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM HOUR o.m.	ATH	URRED. (Enter noture of injury in Port I or Port II of	f item 18.)
20c. TIME OF INJURY Month, Do Hour o.m.	Y, Yeor 20d. INJURY OCCURRED 2 While Not While of work of work	foctory, street, office bldg., etc.)	y or town) (County) (Stote)
saw the deceased all	this hospital) attended the deceased from 1967, an	om_Curquest 6 , 19 6 5 , to_ d that death accurred at 4.34 M, fro	im causes and an the date stated above
220. SIGNATURE	eem	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS. 22b. DATE SIGNED / 0 / 2 / 6 7
22c. PHYSICIAN NAME (Type)		22d. ADDRESS	
23o. BURIAL, CREMATION, 23b	DATE THEREOF 23c. NAME OF CEMETE		ON (City or Town) (County) (Stote)
24. FUNERAL DIRECTOR	10/4/67 Holy Cr	OSS Anne	Arundel Co. Md.
M Cally Fun	nal Home 130 E.	Fort Ave OCT 3	1 petrarles Jusge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11004	CLATIFICATI	E OF DEATH		11914
1.	PLACE OF DEATH a. COUNTY				ution: Residence before admission
	BALTIMORE	MARYLAND	a. STATE MARYLA	b. COUNTY	BALTIMORE
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b			RURAL and give nearest town
	write RURAL and give nearest town) TOWSON - 21.201	29 DAYS			30-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospitai, give street address)	d. STREET ADDRESS	0	e. IS RESIDENC
(211-11-11-11-11-11-11-11-11-11-11-11-11-	DICAL CENTER	6409 HAI	rford 170	OAD VES NO
3.	NAME OF DECEASED (Type or print) ELSIE	ATHERINE	D	DATE Month DF DEATH SEPTEME	Day Year 3ER 21 1967
5.			B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR
	F CAU WIDOWED	MEYER MARKIED	3/24/1900	last birthday) Mo	onths Days Hours Min.
102		(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE	MDOSINI	BALTIMOR	RE MARYLAND	
13			14. MOTHER'S MAIDEN N		
	HARRY C. EVANS		WERNE	R (Elizab	eth)
15 (Ye	es. no. or unknwn) (If we dive war or dates of service)		INFORMANT	Address	
			George Busick	same	
	18. CAUSE DF DEATH [Enter only one cause per I	ine for (a), (b), and (c).]	- 11		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	idio resperato	ry Jaclar	~	
	0 3 9 / DUE TO	TY	11 0-1 1	7	
	Conditions, If any, which	non you e	sophegar of	tem	
	gave rise to immediate (cause (a), stating the DUE TO	•			
_	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TD DEATH BUTNOT RELA	TED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED?
TIFE	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injur	y In Part I or Part II of It	
CER	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		NJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm,)	20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While	NOT WALLS	ry, street, office bldg., etc.)		
Z	p.m. 19 at work		9/11	. 0 91	-062 ·· · · · · · · · ·
	21. I certify that (I) (this hospital) attended		196	, to 7.20,	19.6./, that (I) (we) last
1	saw the deceased alive on 4. 21	19 <u>6</u> 7, and that	death occurred at / /		d on the date stated above
	Raha Ran	A Day	ATTENDING MED.	STAFF	201 DAIL GIGHLS
	22c. PHYSICIAN'S	M.D	PHYS. DIREC	TOR L PHYS.	
	NAME (Type) RAHIM BASS	IRI			
232	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town	or county) (State)
	Buria (Specify) 9/25/67	Moreland Memo		Balto, Md.	
24	. FUNERAL DIRECTOR	ADDRESS		REGISTRAR 25b. REGIS	
	Lacmard J. Ruck Inc. Ba	lto. Md.	SEP 2	2 1967 rcc	carla Judge

VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

(diedest[2)

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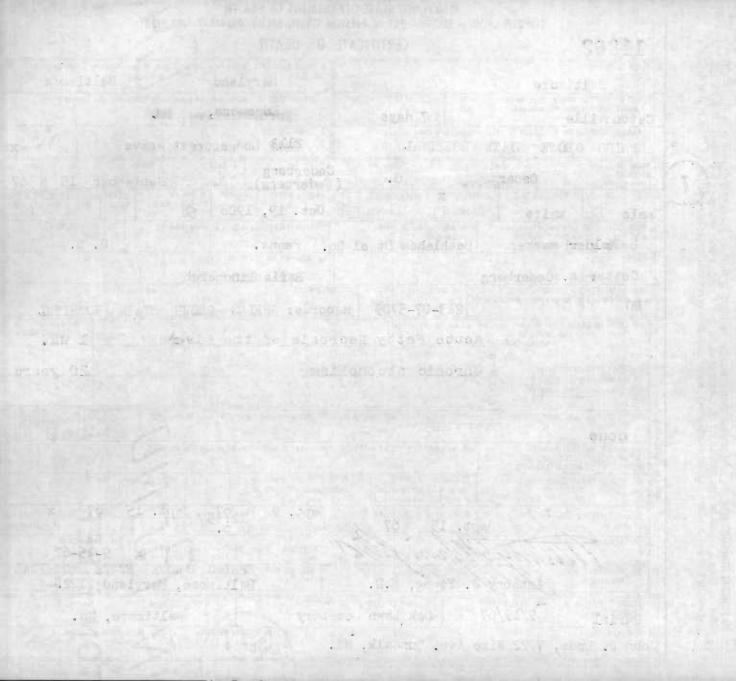
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APPARA TRANSPORT TO BE SENTED AND ASSESSED.

nomery J. Ruck no. alto. d.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- Can		11962 CERTIFICATE	OF DEATH	11975
finerat freeder	1.	PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution of STATE Maryland b. COU	tion: Residence before odmission) INTY Baltimore
by the f Pages aurs afte		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 7 days	c. CITY OR TOWN (If outside corporate limits, write RU	JRAL ond give neorest town)
rin 24 haurs a filled in by the papers. Pagi		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) SPRING GROVE STATE HOSPITAL	d. STREET ADDRESS 2113 Lodgeforest Dri	P. IS RESIDENCE ON A FAR M? YES NO
e executed within	1	(Type or print) USCAP	Cederborg 4 DATE OF Sep	tember 15 19 67
and camp remove n any ex		male white WIDOWED DIVORCED	8. DATE OF BIRTH Oct. 19, 1908 9. AGE (In years lost birthday) 58 yrs.	Months Doys Hours Min.
ate be exe ician and a lease remo and in any	du	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Letter worker Bethlehem Steel Co	11. BIRTHPLACE (County & Stote, or foreign country) Penna	12. CITIZEN OF WHAT COUNTRY?
certific g phys lihen p naval,	L	Gustave A. Cederborg	14. MOTHER'S MAIDEN NAME Maria Lindbergh	
ie death certificate b attending physician permit. Then please ian, ar remaval, and i	15 (Y	(es, go, grunknown) (If yes give wor or dotes of service)	INFORMANT Addr CORDS: SPRING GROVE STA	ess ATE HOSPITAL
tending physician. Itending physician. Itending physician. Itending physician. Itending physician and campletely filled in by the funeral as been signed by the attending physician and campletely filled in by the funeral as the burial-transit permit. Then please remove carbon papers. Pages I are priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. (c) Chronic alcohol: (c)		interval between onset and death
r and	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
3 f to 4	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)	
of to a	MEDICAL	p.m. of work in other in	CCE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
ITAL OR ATTENDIN nay be retained by tAL DIRECTOR: After page 3 shauld be pe filed with the Sta		21. I certify that P) (this hospital) attended the deceased fram—saw the deceased alive an Sept. 15 19 67, and that 220. SIGNATURE AND MAIN JUNE 15 19 67. And that 22c. PHYSICIAN'S NAME (Type) Anthony J. Young, M.D.	D. PHYS. D DIRECTOR D PHYS.	22b. date signed 9-15-67 STATE HOSPITAL
Page 4 may b TO FUNERAL D director, page shauld be file	23	10. BURIAL, CREMATION, PEMOVAL (Specify) 9/19/67 23c. NAME OF CEMETERY OR Oak Lawn Ceme	CREMATORY . 23d. LOCATION (City or To	
VR A15 (4)		4. FUNERAL DIRECTOR ADDRESS John J. Duda. 7922 Wise Ave. Dundalk, Md		EGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11963

FRTIFICATE OF DEATH

11976

	77000			CEKIII	TICATE	OF DEATH				1 1 3 4	0	
/17	PLACE OF DEATH				1	2. USUAL RESIDENC	(Where de	eceosed lived, if in	stitution: Res	sidence befor	re admissiar)
		ALTIMORE		MAR	YLAND	a STATE	LAND	b.	COUNTY		· Con	
	b. CITY OR TOWN (If write RURAL and FORT HOWAL	autside carparate limi	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside car	rparate limits, writ	e RURAL ond	give neare:	st tawn)	
	FORT HOWAL	RD		35 DAYS		BALTIMORE					30-	×.
	d. NAME OF HOSPITA	L OR INSTITUTION (If I	nat in haspita	l, give street address)		d. STREET ADDRESS					e. IS RESIDE	NCE M2
1	VETERANS	ADMINISTRA	TION H	HOSPITAL		1420 NOR	H BRO	YAWCAC				10 🗶
3.	NAME OF DECEASED		irst	Middle		Last	4. DA		Manth	Day	Year	
L	(Type or print)		ERT	WILLIA		CHASE	DE	ATHSEPTEM		23	19	
S.	. SEX	6. COLOR OR RACE	7. MARRIE		-	DATE OF BIRTH		9. AGE (In yea		hs Days	IF UNDER	24 HRS. Min.
	MALE	NEGRO	WIDOWE		D .	JUNE 26, 1		56	rs.			
di	Da. USUAL OCCUPATION uring mast af warking li	(Give kind of work don fe, even if retired)	e 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Cau	nty & State, o	ar fareign cauntry)	- 13	2. CITIZEN O		
L	MA INTENAN		G/	ARAGE		BALTIMORE		RYLAND	I	J.S.A.		
	3. FATHER'S NAME					14. MOTHER'S MAIDE						
	FRANK CHA		, ,	4 COCIAL CECUDITY NO	17 14	EMMA TA	DOR		Address			
(S. WAS DECEASED EVER Yes, na, or unknown) (YES	If yes give war or dates	af service)	6. SOCIAL SECURITY NO.		FORMANT					00	
				216 10 1502	CLI	V. REC., V	AH, I	TT. HOWA	RD, MA			
	PART I. DEATH	ATH (Enter only one co I WAS CAUSED BY:	use per line i	far (a), (b), and (c).)	OCHTON	AND HOUSE	A			- OA	ERVAL BETW	/EEN ATH
	1770			ONARY CONG	POLITOR	NAME OF THE REAL PROPERTY OF THE PERTY OF TH	A			RE	CENT	
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-	rise to immediate	cause (a),	, ,	NOCARCINOM	H PROE	TATE WITE	WIDE	SPREAD I	METHOT	ADID	UNKN	UWM
	stoting the underl	ying cause		PRESSION S	PTNAT.	CORD DUE	TO AT	DEMOCARC'	TNOMA	OF PR	ОЅФАТ	R
1	PART II OTHER SIG	NIFICANT CONDITIONS	***************************************	G TO DEATH BUT NOT RE				*				
ATION	TAKT II. OTHER SIO	IIII CONDITIONS	CONTRIDOTIN	O TO DEATH BOT NOT KE	LAILU IO III	E TERMINAL DISEASE	CONDITION	OIVER IN TAKE I	u)		PERFORME	D? IO 🔲
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	CAUSE OF DEATH	20b.	DESCRIBE HOW INJURY O	CCURRED. (E	nter noture af injury	in Part I or	Part II of item 13	3.)			
ICAL	20c. TIME OF INJUR	RY Manth, Day, Year		. INJURY OCCURRED	20e. PLACE	OF INJURY (Hame, f	orm, 20	Of. (City or taw	n)	(County)	(5	tate)
MFF	Hauria.m.	10	Wh	ile Nat While at wark	factar	y, street, affice bldg., e	tc.)					
					fram 8	/19/67	19	no 9/2	23/67	19th	nat XI) (w	re) la
	saw the dec	ceased alive an_	9/23/	oded the deceased		death occurred	a12:0	ONOON COU	ses ond a	n the dat	e stated	abave
	22a. SIGNATURE	-1	(. Ditte Stol	L	
-	Yes	000	well.	alast Mi	M.D.	PHYS.	MED. DIRECTO	OR STAFF	X	9/25	/67	
	22c. PHYSICIAN'S	GEORGE C	. MC E	ELFATRICK,	M. D.	22d. ADDRESS	DOR TEO	TIATO MA	TOUT A NO	70		
		CHOLICIA C	. 140		20	VAH FO	KI. HO	WARD, MA	TKXTYN	D		
_	1000											
23	3a. BURIAL, CREMATION		1	23c. NAME OF CEN				. LOCATION (City		(Caunty	,	ote)
23	3a. BURIAL, CREMATION REMOVAL (Specify)	14/10	HEREOF 7	BALTIM		TIONAL	1	BALTIMOR	E, MAI	(Caunty		ote)
2:	3a. BURIAL, CREMATION	14/10	1	BAITIM	ORE N	ATIONAL 25a. R	EC'D BY REC	BALTIMOR GISTRAR 25	E, MAI	(Caunty	RF	ote)
2	3a. BURIAL, CREMATION REMOVAL (Specify)	14/10	1	BALTIM ADDRESS LOCKS FUN	ORE NA	ATIONAL 2Sa. R	P 2 6	BALITIMOR GISTRAR 2S 1967	E, MAI	(Caunty		ate)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11965 11978 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Baltimore o. STATE Maryland b. COUNTY Balto. MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give neorest town) rural Baltimore OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS papers. e. IS RESIDENCE within 72 h ON A FARM 1013 Overbrook Road 1613 Overbrook Road Balto 12 NO YES campletely fi 3. NAME OF Middle Last 4. DATE First Month Doy Year DECEASED May S. Cherry Sept 26 67 (Type or print) DEATH 19 IF UNDER 1 YEAR I IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In veors 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours in any Female Cauc. WIDOWED DIVORCED May 23 1879 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY? physician of INDUSTRY New Yark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, (unknown Seitz May Abbott IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 2641 Spring Rd. permit. 118-36-7448 Mr. G. Dale Lemen Balto Md 21234 no crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the priar tal last. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO certificate far 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year (City or town) (County) Hour a.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this haspital) attended the deceased fram FUNERAL DIRECTOR: AI and that death accurred at / DA M, fram causes and an the date stated above saw the deceased alive an 26 22a. SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. director, page 3 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 6701 York Road Charles H. Reier M.D. Balto Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) (County) REMOVAL (Specify) 9/29/67 Trump Mill Rd. Balto Gardens of Faith Co Md. 0 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25M 1/67 DATE

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5 1	Items 18&21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 10-20-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3
FOR STATE	11966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	y
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before before on STATE b. COUNTY MARYLAND Maryland Balto.	re odmission)
haurs after death. If any delay is tem 18. Give Pages 1, 2, and 3 ta Office along with farm PM3. Page and 2 with the State Department teath.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX	3.7
les 1, 2 farm farm	St. Joseph Hospital 1643 French Ave.	e. IS RESIDENCE ON A FARM? YES NO
d within 24 haurs after death. I in pencil in Item 18. Give Pages Examiner's Office along with far File pages I and 2 with the State 72 hours after leath.	3. NAME OF First Middle Lost 4. DATE Month Doy OF OF OF OF DECEASED (Type or print) CHARLES MITCHELL CLARK DEATH September 2.	10
urs afte ce alon 42 with	Male White WIDOWED DIVORCED DIVORCED TAN 17 1922 46 yrs.	Hours Min.
24 hau in Item er's Offiges Tanges after le	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11c CITIZEN OF COUNTRY: COUNTRY: CAS + ELECT CO M D	?
within pencil xamine ile pag hours	13. FATHER'S NAME WALTER CLARK MADELINE PRASCH	
executed and and and and and and and and and an	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) VES WW TL 218-18-4548 DOROTHY CLARK Address	
shauld be executed within 24 le ward "pending" in pencil in 11 at the Chief Medical Examiner's Eburial-transit permit, File pages leany event within 72 hours after		ERVAL BETWEEN ISET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. (c)	
This certifica cate, writing be farwarded be used as remaval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
INER: This certi e certificate, writ shauld be farwa files. 3 shauld be used tion, ar remaval,	Y 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	- A
MEDICAL EXAMINER: slease execute the certification. Page 4 shaultestained far yaur files. DIRECTOR: Page 3 shaur to bured, a shaultestained far yaur files.	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work o	(Stote)
MESTCAL EXAMIN please execute the director. Page 4 sh retained far yaur fil DIRECTOR: Page 3 sh or ta burial, cremation	death resulted fram: Natural causes 🗓, Accident 📋, Suicide 📋, Hamicide 📋, Undetermined manner 🔲	d in my opinior
	SIGNATURE M.D. ASSISIANT MEDICAL EXAMINER C	22. DATE SIGNED
TO DEPUTY necessary, p the funeral 5 may be ra 0 FUNERAL SHealth prior	NAME (Type) Russell S. Fieher M.D. Address (Street, city, town, or county) September 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	30, 1967
VR A15ME (S)	REMOVAL (Specify) BURIAL /C/4/67 GARDENS OF FAITH BALTO. MD. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATU	
6M 1/67	Connelly F.A. 300 more DATOCT 4 1967 yellanders	udge

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Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11980

CERTIFICATE OF DEATH

-				CERTIFICA	L OI DEAI	1				
	PLACE OF DEA O. COUNTY				CTATE	ENCE (Where decea	sed lived, if institu		e befare admiss	ion)
		BALTIMORE		MARYLAND		MARYLAND		-		
	b. CITY OR TOV	 (If autside corporate lim and give nearest tawn) 	its,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If autside corpard	ate limits, write RI	JRAL and give	nearest tawn)	
	FORT H			10 DAYS	B	ALTIMORE	21229		3	0 4
	d. NAME OF HO	SPITAL OR INSTITUTION (IF	not in haspital, g	ive street oddress)	d. STREET ADDRE	ESS			e. IS RES ON A	
7	VETERA	NS ADMINISTR	ATION H	OSPITAL	4611 OL	D FREDER	ICK ROAD		YES 🗌	NO X
	3. NAME OF DECEASED		First	Middle	Last	4. DATE OF	Moi	nth		ear
	(Type ar print)	G	EORGE	W.	CLARK	DEATH		DMBDR	24 19	
١	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	the state of the s	AGE (In years	Months 1	YEAR IF UNDI	R 24 HRS.
	MALE	WHITE		DIVORCED	2/22/89	88	Bast birthdoy)			min.
1		TION (Give kind of work don		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or fo	reign country)		ZEN OF WHAT	
1	BOOK	king life even if retired)	ired "	JOJIKI	BALTI	MORE, MAI	RYLAND	U.	S.A.	
	13. FATHER'S NAM	E		NA LIBERT	14. MOTHER'S M.	AIDEN NAME			Marie	
	BENJAM	IN CLARK			ANNIE :	BIDDLE				
		EVER IN U.S. ARMED FORCES		OCIAL SECURITY NO. 17	INFORMANT Mrs. Iranl	k Hoffmar	_/ 677 Add	ess Erec	derick	P.A
	YES	WW I	21	4 14 20 37 0	LIN. RECOR	DS. VA HO	SPITAL	FT HOW	ARD, MD	
		F DEATH (Enter anly one co	ouse per line for						INTERVAL BE	TWEEN
	PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUS	E (a) BRO	NCHOPNEUMONIA	1917	1000			ONSET AND	DEATH
	491	X			Park No.					
		any, which gave	(b) CER	EBRAL CONGEST	ION AND E	DEMA			RECEN	T
		diate cause (a), DU	E TO							
	last.)	(c)							
	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED T	THE TERMINAL DISE	ASE CONDITION GIVE	EN IN PART I(a)		19. WAS AU PERFOR	TOPSY
	ARTER	OSCIEROTIC	HEART D	ISEASE. BENI	GN PROSTA	TIC HYPER	RTROPHY		YES X	NO 🗌
		WAS UNDERLYING	20b. DE	CRIBE HOW INJURY OCCURRE	D. (Enter noture of in	jury in Part I ar Par	rt II af item 18.)			
		ING CAUSE OF DEATH	1			7				
	20c. TIME OF Haur	INJURY Month, Day, Year	20d. IN	JURY OCCURRED 20e. F	LACE OF INJURY (Hom		(City or tawn)	(Cou	nty)	(Stote)
	Haut	a.m. p.m. 19	While at wark		actary, street, affice blo	dg., etc.)				
	21 1 6			ed the deceased fram.	9/14/67	19 1	0 9/24	167 19	_, that (M)	(we) In
		deceased alive an_	9/24	/67 19, and th	at death accurre	ed at 6:00A	A, fram causes	and an th	e date state	d abave
	22a. SIGNATI		()			usp			TE SIGNED	
	do	1/10	- SAT	20 120	M.D. PHYS.	MED. DIRECTOR	PHYS.	9	/25/67	
	22c BAYSICI	Misch	1	one of	22d. ADDRES		*****			
	NAME ()	% GEORGE C.	MC ELF	ATRICK, M. D.	VAH	FORT HO	MARD, MA	KYLAND		
	23a. BURIAL, CREA			23c. NAME, OF CEMETERY C			CATION (City or T			Stote)
	BURTAT	ecify) 9/27	/67	Baltimore	National	Cem.	Baltim	ore, M	d.	
	24. FUNERAL DIR	CTOR		ADDRESS		SEP 2 6	PARCZ 2Sb	EGISTRAR'S SI	GNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11981 11968 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Prince Georgess Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2yr9mth9dys Bladensburg. Md. Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled HOSPITAL 4901 Quincy St. GROVE STATE SPRING YES] NO TY campletely fi nave carban NAME OF First Middle Lost 4. DATE Month Year Doy DECEASED Minerva Cockrill September (Type or print) DEATH 26 19 event, S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years remove birthday) Manths Days Hours 4-19-04 and in any white female WIDOWED DIVORCED and 1Da. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician (INDUSTRY COUNTRY? Penna. housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Elizabeth Mehile George Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) STATE GROVE HOSPITAL SPRING Records: crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit Adenocarcinoma of left breast with generalized PART I. DEATH WAS CAUSED BY ONSET AND DEATH Vr. IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. metastases **DUE TO** burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the priarta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? has Pamplegia secondary to transverse myelitis or tumor YES K NO certificate 2Do. ACCIDENT WAS LINDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work of work **DIRECTOR:** After . 64 ta Sept. 20 19 07, that (we) last Dec. 17 21. I certify that (this haspital) attended the deceased fram_ page 3 shauld 1 se filed with the S Sept. 26 19 67, and that death accurred to saw the deceased alive an M. fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE ATTENDING M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS SPRING GROVE 22c. PHYSICIAN TO FUNERAL Anthony Young, M.D. director, p Baltimore, Md 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Richland Town ship, Forest Lawn Penna 9-30-1967 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Funeral Home Lilly Pa.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11982 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) yrs Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC d. STREET ADDRESS House ON A FARM filled YES NO IV NAME OF Middle DATE remove corbon Doy Year completely DECEASED OF DEATH (Type or print) 19 IF UNDER 24 HRS S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs Haurs ond in any WIDOWED DIVORCED puo 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done ... 11. BIRTHPLAGE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired physicion (INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service Unknows cremation, CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or attending physicion. DUE TO buriol Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause peen the prior to last. OSD WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO₄DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART 1(a) of Heolth 6 NO certificote Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ONC be detached State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at wark of work 21. I certify that \$\infty\$ (this haspital) attended the deceased from. 1967, that (we) last Poge 4 may be retained FUNERAL DIRECTOR: 1967, and that death accurred at 6245 M saw the deceased alive on from causes and on the date stated above 22a. SIGNATURE ATTENDING director, page 3 M.D. DIRECTOR PHYS PHYS. 22d_ADDRESS LOTFIZA O HOSPITAL NAME (Type) MoHA 23c. NAME OF CEMETERY OR-CREMATOR 230. 2 ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11983 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND IMMORE b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) sary ison d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 filled 1 Smic YES NO X 3. NAME OF Middle _ DATE Lost Doy Year completely DECEASED event, (Type or print) 19 6 COL DEATH 9. AGE (In years forthdoy) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** Months Dovs Hours Min. and in any WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? ottending physician permit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM or removol, nea ray SS 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) buriol, cremotion, 18. CAUSE OF DEATH (Enter only one couse per ling INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) þ be retained by the hospital or attending physicion. DUE TO signed Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO hos been s ise as the t th prior to b stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 1961, that (1) (we) last be filed with the 1967, and that death accurred at 1030fM, from tauses and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Poge 4 moy NAME (Type) State director, should be 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11984 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY / delay is and 3 ta Page d. Baltimore MARYLAND Maryland Baltimore the State Department b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) PM3. write RURAL and give nearest tawn) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office alang with farm ON A FARM? This certificate shauld be executed within 24 haurs after death. If cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 1631 Ingleside Ave. 1631 Ingleside Ave YES NO NAME OF DATE Day Year I DECEASED (Type or print) John DEATH Colder September 9 UNDER 24 HRS S. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED * **NEVER MARRIED** 8. DATE OF BIRTH Manths Days Hours WIDOWED DIVORCED 4/23/21 event within 72 hours after death Male White 46 pages land 2 10o. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) **INDUSTRY** COUNTRY? Regional Sales Mgr. Trojan Boat Co. USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Colder permit. File Clara I. Skidmore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Colder 21229 (Yes, na, ar unknawn) (If yes give war ar dates at service)
Yes 1/27/42-3/7/44 220-05-5591 Mrs. Joan C. Guidiar 723 Charing Cross Rd 18. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY please execute the certificate, writing the ward DUE TO the any Canditians, if any, which gave to t rise to immediate couse (o), 9 DUE TO 0 stating the underlying cause be farwarded pup SD 19. WAS AUTOPSY remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 3 shauld PRIMARY CONTRIBUTING Б 4 should CAUSE OF DEATH crematian, MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur a.m. Not While factory, street, office bldg., etc.) While may be retained for your FUNERAL DIRECTOR: Page at work at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry and in my opinian death resulted from: Natural causes A Accident Suicide Undetermined manner Homicide the funeral directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Dr. James Frederick Address (Street, city, town, or county) 23b. DATE THEREOF 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 9 REMOVAL (Specify)
Burial Md. 9/13/67 Baltimore National Cemetery Baltimore 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5 Howard H. Hubbard, 4107 Wilkens Ave. 21229 6M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #2c & d Film 11985 CERTIFICATE OF DEATH 24 hours ofter deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the Junera 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND by the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CLTY OR TOWN (It autside corpograte limits; write RURA) and give nearest town) write RURAL and give negrest town IS RESIDENCE ON A FARM? _ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) and completely filled dod NO DR YES requires that the death certificate be executed within 3. NAME OF Middle DATE Manth First Doy Year DECEASED DEATH event, (Type or print) please remove cor AGE (In years DATE OF BIRTH IF UNDER 1 YEAR IF UNDER S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs inony WIDOWED DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, eyen if retired) ottending physicion permit. Then please puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war or dotes of service 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) physicion. DUE TO signed 1 Canditians, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause be retained by the hospitol or ottending os the 10 FUNERAL DIRECTOR: After this certificate has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? for use NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 90 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. (State) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While at wark at work pe 21. I certify that (I) (this haspital) attended the deceased fram 196 / that (1) (we) last should 26 and that death accurred at 110 AM, fram causes and an the date stated above. saw the deceased alive on 196 226. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, p 731 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) (County) (State) DATE THEREOF REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ASO. RECO BY REGISTRAR 2Sb. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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O HOSPITAL

CATIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

CATOR: After this certificate has been signed by the attending physician and completely and by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbop pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased fram Co

OIRECTOR

(County)

WAS AUTOPSY PERFORMED?

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(Stote)

(State)

IS RESIDENCE ON A FARM?

Year

Hours

NO #

0, 196/, that (1) (we) last

1967, and that death accurred at 33 M, fram causes and on the date stated above. 22b. DATE SIGNED

(County)

23b DATE THEREOF 23g. BURIAL CREMATION,

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour a.m.

22a. SIGNATURE

PHYSICIAN'S NAME (Type)

20c. TIME OF INJURY Month, Doy, Year

saw the deceased alive an

Sept. 23,67

St. Joseph, s

25a. REC'O BY REGISTRAR

Texas, Baltimore. Md. 2Sb. REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

ATTENOING

PHYS. 22d. AODRESS

23d. LOCATION (City or Town)

VR A15 (4) 20 M 1/66

O FUNERAL DIRECTOR: After this

REMOYAL (Specify) 24. FUNERAL DIRECTOR. COOK-Brooks TowsonADDRESS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages A and shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remayal, and in any event, within 72 hours affiler death.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 990

CERTIFICATE OF DEATH

-														
1.	o. COUNTY	Baltimore	G-	N	IARYLAND	2. USUAL RESI a. STATE		Where dec		l, if institu b. COU		nce befor	e odmissio	on)
	b. CITY OR TOWN	(If outside corporate limit and give nearest town) ONSVIII	5,	c. LENGTH OF STA		c. CITY OR TOV	WN (If a		orote limit	s, write RU	IRAL ond gi	ve neores	30	4
	d. NAME OF HOSE SPRING	GROVE STATE		give street oddress)		d. STREET ADD	RESS 1 8	19 I	over	St.			ON A F	
3.	NAME OF DECEASED (Type or print)	Fii Ot:		Middle	F. Cu	lost		4. DAT		Mon	tembe	Doy	Yeo	67
S.	SEX	6. COLOR OR RACE	7. MARRIED			8. DATE OF BIRTI	Н	1	9. AGE (In years	IF UNDE		IF UNDER	
L	male	white	WIDOWED	DIVOI	CED 🔲	1900	6/2/	196	ost of	yrs.	Manths	Doys	Hours	Min.
10 de	Da. USUAL OCCUPATI Dring most of warkin Retired	ON (Give kind of work dane ng life, even if retired)		KIND OF BUSINESS OF INDUSTRY	2	11. BIRTHPLACE	E(County		r foreign ca	untry)		OUNTRY?		
1:	3. FATHER'S NAME	lliam L. Cu	rry			14. MOTHER'S								
1.	5. WAS DECEASED E Yes, na, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor ar dotes of Army	f service)	. SOCIAL SECURITY NO 213-01-76	0. 17. 1 19 R	NFORMANT Lay Curr cords:	Y - SPRI	1819 NG	Dove			1223 HOSP	ITAL	
		ote couse (a),	(a) Hea	ert failu		heart di	Lsea	S 0					ERVAL BET SET AND D	
ATION	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DIS	SEASE CO	NDITION (IVEN IN PA	ART 1(o)			WAS AUTO PERFORM ES	OPSY ED? NO
CERTIFICATION	20o. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTII	AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. [DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of	injury in	Port I ar	Part II of i	tem 1B.)				
MEDICAL	20c. TIME OF II Hour	NJURY Month, Day, Yeor a.m., p.m. 19	Whi	INJURY OCCURRED le Not While of wark		CE OF INJURY (Ho ary, street, office b	oldg., etc.)		or tawn)		ounty)		(Stote)
		tify that (X) (this has deceased alive on		nded the decease			red at		, taS _M, fram	ept.	4 , 19 and on	67 , th	at (XX) (we) las
	22a. SIGNATUR	Tobers	Lu	sher	м.Е			MED. DIRECTOR		TAFF D	225	TE SIGN	16	7
	22c. PHYSICIAN NAME (Typ		isher,	M.D.		22d. ADDR			GRO ore,		STATA land	2122	PITA 8	ما
2:	30. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE THI	REOF	23c. NAME OF C		crematory by Comet	ery	23d.	LOCATION	(City or To		(County) (S	tate)
	24. FUNERAL DIRECT	TOR		ADDRESS Ave.			So. REC'S	BY REG	STRAR 19	£7	EGISTRAR'S	SIGNATUR	Jud	pe

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

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	PLACE OF DEATH a. COUNTY BA	LTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reso. STATE B. COUNTY DECEMBED.	idence before odmission)
	FORT HOW	(If outside corporate limits, of give nearest tawn)	c. LENGTH OF STAY IN 16 218 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neorest town)
		TAL OR INSTITUTION (If not in		d. STREET ADDRESS THOROUGHGOOD LANE	e. IS RESIDENCE ON A FARM? YES: NO
3.	NAME OF	First	Middle	Last 4. DATE Manth	Day Year
	DECEASED (Type or print)	ОТНО	ALEXANDER	CURTIS OF DEATH SEPTEMBI	ER 14 19 67
S.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Month	DER 1 YEAR IF UNDER 24 HI
-	ALE	INDUITO	VIDOWED DIVORCED	FEB. 2, 1891 76 yrs.	is Days Haurs Mi
		N (Give kind af wark done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
(CHAUFFEU		PRIVATE FAMILY	TALBOT COUNTY, MARYLAND	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	FRANK			EMMALINE RODMAN	
1S.	WAS DECEASED EV es, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates af ser	16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	YES	EATH (Enter only one couse po		IN RECORDS, VA HOSPITAL, FT I	HOWARD, MD.
	rise to immedia stating the underlast.	erlying cause DUE TO		UAMOUS CELL CARCINOMA	1 yr
ATION	PART II. UIHER S	IGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED? YES NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II af item 1B.)	
MEDICAL	Haur o.	URY Month, Day, Year m. 19		ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	(Caunty) (State
		fy that≇) (this haspita eceased alive an	1) attended the deceased fram_ 9/14/67 _19, and the	2/8/67 , 19 , ta 9/14/67 , 1 death accurred at 5:00P M, fram causes and a	
	220. SIGNATURE	Iren fo	V. Pour L'OM	D. PHYS. DIRECTOR PHYS.	9/15/67
	22c. PHYSICIAN'S NAME (Type		V PATRICIO, M.D.	22d. ADDRESS VAH FORT HOWARD, MARY	
230	BURIAL, CREMATI REMOVAL (Specifi BURIAL	ON, 23b. DATE THEREON	67 SCREAMERS		

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AND, PARTIAN	HOR PORT HAY	O.V PATHIOLOGY N.D.		
ORDANIA (ORD	1200	UL ZILTEBAT EAL TOTAL	35 4 - 70	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11992 11973 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Baltimore b COLINTY MARYLAND b. CITY OR TOWN (If outside carparate limits, the c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) mite RURAL and give nearest town) d. NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) .= papers. d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Jundawan Road Dundawan Road NO De YES 3 NAME OF Middle 4. DATE Day Year completely DECEASED Samuel carl (Type or print) angelo DEATH 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years **NEVER MARRIED** lost birthday) Manths Days Hours white 7/1884 ond in ony male WIDOWED DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physicion Kestauran ISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo Vincent Dangelo attending p Antonina DiAntoni IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dates of service 220016089 No same 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) by DUE TO signed buriol, Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying cause prior to be retained by the hospital or ottending certificote hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use Health CERTIFICATION NO OR ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Not While ot work ot work **DIRECTOR:** After attended the deceased fram 21. I certify that (1) (# director, page 3 should should be filed with the saw the deceased alive an and that death accurred at M, fram causes and an the date stated above. 220 STGNATURE 22b. DATE SIGNED PHYS DIRECTOR 22d. ADDRESS 22c. TO FUNERAL NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE HEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Baltimore. Most Holy Redeemer Buria Maryland 2Sb. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 I. Ruck. Inc Baltimore. Md.

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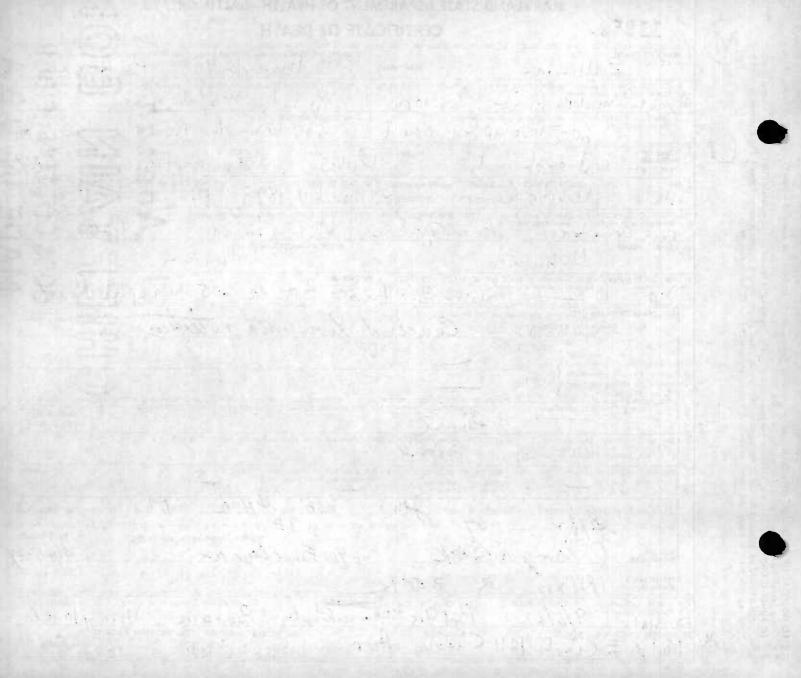
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CERTIFICATION



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11994

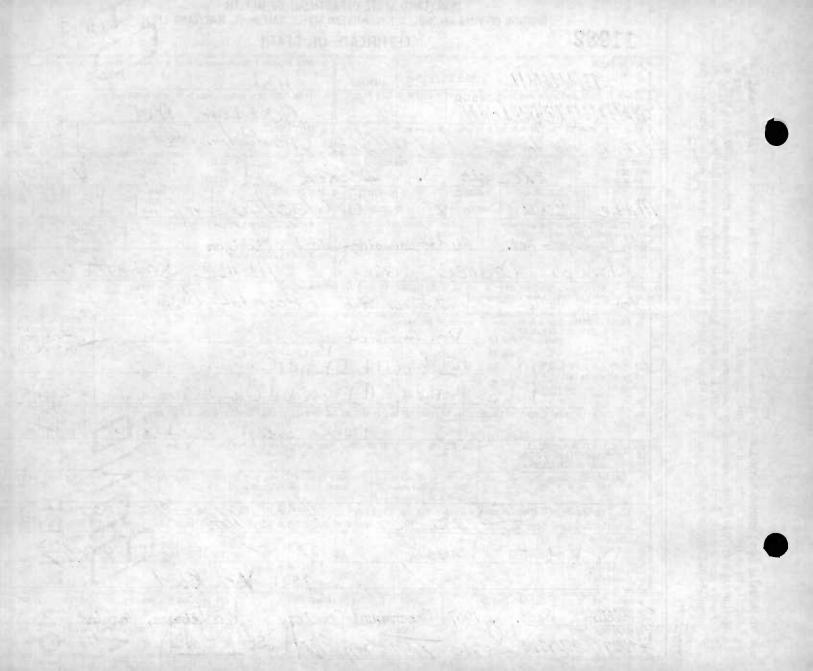
	11207			CERTIFI	CATE OF I	DEATH				
	ACE OF DEATH COUNTY	Baltimore		MARYL	o. STA			l lived, if institu b. COL	ition: Residence b	
b.	CITY OR TOWN (I write RURAL ond	f outside corporate limits give nearest town)	š,	c. LENGTH OF STAY IN	1b c. CITY 0		ide corporote		JRAL and give ne	
		AL OR INSTITUTION (If no		ive street oddress)	d. STREET	ADDRESS Waterle				e. IS RESIDER ON A FAR YES N
3. NA	AME OF CEASED ype or print)	THOMAS	rst	Middle JOHN	DAVTS		4. DATE OF	Mor	nth	Doy Year
S. SE	X	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF			AGE (In years lost birthdoy)	IF UNDER 1 YE Months Do	AR IF UNDER 2
loo. U	SUAL OCCUPATION most of working	(Give kind of work done life, even if retired)	10b. KIN	ND OF BUSINESS OR	11. BIRTH	IPLACE (County & S		gn country)	COUNT	
	ATHER'S NAME			coal	Wall	ER'S MAIDEN NA	ME		IU.S.A	
(Yes,	18. CAUSE OF DE PART 1. DEAT 3 3 / × conditions, if ony, ise to immediate	e couse (o),	se per line for (o)		Thomas	Collins Oa C		terloo licott		INTERVAL BETWI ONSET AND DEA
k	toting the under ust. PART II. OTHER SIG	GNIFICANT CONDITIONS C	(c)ONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO THE TERMINA	AL DISEASE COND	ITION GIVEN	IN PART 1(o)		19. WAS AUTOP. PERFORMED YES NO
S (UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter notur	e of injury in Po	ort I or Port I	I of item 18.)		
MEDICA	20c. TIME OF INJU Hour a.m p.m	10	20d. IN While of work	Not While	20e. PLACE OF INJUR foctory, street, o		20f.	(City or town)	(County	r) (St
	saw the de	y that (I) (this has ceased alive on		19, a	nd that death a	ccorred at_	(A) , toM,	from causes	and on the	date stated
	she	Misa	rece	em.	M.D. PHYS.	DI	IRECTOR [] PHYS. [1 5 des	867
	22c. PHYSICIAN'S NAME (Type)	WILLIA.	m 60	em,	M 1 122d.	ADDRESS A	ulph	mfr	M	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely titled in by the director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove darbon papers. Pages director, page 5 shauld be completely been as the buriol-transit permit. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11995 11982 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits ows on c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs P NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled NO P YES campletery f NAME OF Middle DATE Month Year Day DECEASED eric 1967 event. (Type or print) DEATH IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED remove last birthday) Months Days Haurs and in any WIDOWED 🔀 DIVORCED and 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? cmplouedndon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI or remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give war or dates af service burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. signed b DUE TO Canditians, if any, which gave (6) rise to immediate cause (a). DUE TO stating the underlying cause peen as the 2 Ure last WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health YES -NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18. of OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from shauld filed with the 1967, and that death accurred at 10 AM, from couses and on the date stated obave DIRECTOR: saw the deceased alive on 22g. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. directar, page 3 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may O FUNERAL NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) reenmount emeteri lanulna FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1986			MARYLAND STATE DEPARTMENT OF HEALTH	
11082 CERTIFICATE OF DEATH		DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
	400	1982	CERTIFICATE OF DEATH	11996

	1.	PLACE OF DEATH a. CDUNTY	11-1-1		2. USUAL RESIDENCE a. STATE	(Where deceased lived, If institution b. COUNTY	n: Residence before admission)
	-	b. CITY OR TOWN (if	outside corporate limits,	MARYLANO 1 c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If od	tside corporate limits, write RU	
	1	BALTIMO	give nearest town)	16 days	Bal	1. m +00.	21874
	0		L OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADORESS	MORE	e. IS RESIDENCE
6	OK	CEATER BI	Altimore Mr	alical Center	162211	AKONA KOA	ON A FARM? YES NO NO
	3.	NAME OF DECEASED (Type or print)	George	A RHAUR	Deise 4	DATE Month	25 1967
	5.	SEX 6. 0	COLOR OR RACE 7. MARRIED	NEVER MARRIEO [B. OATE OF BIRTH	9. AGE (In years IFUN last bigthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Oays Hours Min.
Н	1	nale 0	Unite WIDOWED		1/4/17	330 47s.	
		ing most of working li	fe, eyen if retired)	(IND DF BUSINESS OR NDUSTRY	10.11:	m/	2. CITIZEN DF WHAT COUNTRY?
	13.		Retired Board	of Education	1 14. MOTHER'S MAIDEN		U. J.H.
	/	Willia	a Deis	e	MARI	1 BRush	
			IN U.S. ARMED FORCES? 16	SDCIAL SECURITY NO. 17.	INFORMANT	Address	
9	,,,,	NIA	4	NEMOUNT	irs. Margaret	Deise	(Same)
	1		H [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN DNSET AND DEATH
-2		PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)			- 0	4 4 4
8		4-4-	OUE TO CA	ronic corpu	OUMMONDO	WEDVI Cold	Herrivaly
		Conditions, If any, gave rise to Imm	ediate (b)	01000		weeks sof t	, 0 00 10 1
		cause (a), stating underlying cause las		in the second			
	NOI			UTING TO DEATH BUTNOTRELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
2	ICAT						PERFORMED? YES ND
	CERTIFICATION	20a. ACCIDENT WAS DR CONTRIBUTING C (IF EITHER, NOTIFY	CAUSE OF DEATH	OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of In	Jury In Part I or Part II of Item	n 18.)
E	CAL	20c. TIME OF INJUR	RY Month, Oay, Year 2Dd.	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm ry, street, office bldg., etc.)	, 2Df. (City or town)	(County) (State)
	MEDICAL	Hour a.m. p.m.	19 While at wor	Mot write	ry, street, omcobidg., etc.,		
		21. I certify the	at (1) (this hospital) attend	led the deceased from	EPT. 9, 196		
		saw the decease	ed alive on SEPT. 2	-5 19 67, and that	death occurred at 1:3	500 from the causes and c	
		22a. SIGNATURE	feet Mi	titlell M.C	ATTENDING ME		EPT. 25,1967
1		22c. PHYSICIAN'S NAME (Type)	KEIFFER	J. MitcHE	LL GB	Me	
	23a		N, 23b. DATE THEREDF	23c. NAME DE CEMETERY	DR CREMATORY	23d. LDCATION (City, town or	r county) (State)
6		Burial Burial	9/29/67.	Moreland Memo			
N		FUNERAL DIRECTOR		ADDRESS	25a SEC'D	BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
	Le	ona rd J.	Ruck, Inc. Balt	to. Md. 21214	DATE		00

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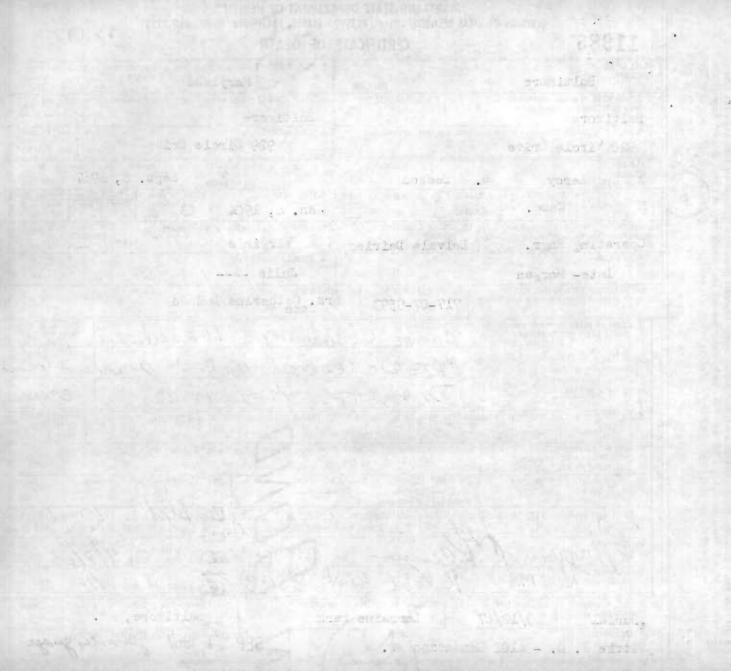
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11984 11997 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY BALTIMORE o. STATE atter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Greater Baltimore Medica LUZERN NO V The law requires that the death certificate be executed within 3 NAME OF Middle DATE Year DECEASED DISNE EVANS (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Hours 11-25-20 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY ROWN, CORK 13. FATHER'S NAMI crematian, or remaval, 17. INFORMANT 16. SOCIAL SECURITY NO orunknown) (If yes give wor or dates of service) 74/2 Helen Schroeder Disney, wife, above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) the haspital ar attending physician. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Dept. af Health priar ta PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? certificate ! 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work L 21. I certify that (1) (this hospital) attended the deceased from 19 67, and that death occurred at 9.10 A.M. from causes and saw the deceased alive on. on the date stated obove. 220. SIGNATURE DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL directar, po shauld be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 9/8/67 Oak Lawn Cemetery Baltimore, Md. Schimunek 2601 E. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home, Inc. VR A15 (4) DATSEP 196

- 1420 Act - 2 EMPTINOES Bellowing 21205 Grafie Bettings Helical Teater 919 Kustepps AUSPHE - 1 RAYMOND EURIUS DISHEY SEPTEMBER TO GATHADER TO GAT 11-25+20 44 LITTHE ERAPHER CROWN CHEST STAL Beltomies Harrland USA Frank Disney ANTONIE EMILY HENDING UNERFORD THE 218 14 7412 In this activocality office, about Broncho-partimonial Edward theoline from Ca C Hidney 12165 Commona (D) Rodingy Derot Abrace 4/2 4/6 1/4 10
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11998 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o COLINTY delay is ond 3 to 2, ond 3 to PM3. Page Department of Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest tawn) 21 Years Edgemere Edgemere d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? he ward "pending" in pencil in Item 18. Give Pages 1, to the Chief Medical Examiner's Office alang with farm 2804 Sparrows Point Rd. 2804 Sparrows Point Rd. State MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. Palace execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages NO X NAME OF First Middle 4 DATE Month Dov Year DECEASED Mary E. Dobbins 19 67 (Type or print) September DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS Hours Female White 9/16/04 any event within 72 haurs after death. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY UCOUNTRY? A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Snead Addie Tate 17. INFORMANT (Husband) 2804 Starrows Point Rd. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service) None Mr. Tennyson Dobbins, Edgemere, Md. 21219 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL SETWEEN ONSET AND DEATH 7-5-C-V- DISEASE IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), = DUE TO stoting the underlying couse 4 shauld be farwarded 90 be used PART II. OMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? remaval, please execute the certificate, NO 20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury) in Part I or Port II of item 18.) g CAUSE OF DEATH burial, crematian, MEDICAL IN UR (Home, form 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED -20f (City or town) (Stote) may be retained for your FUNERAL DIRECTOR: Page Hour o.m. Not While factor, street, office bldg., etc.) ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my apinian Natural causes Accident . Suicide [death resulted fram: Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 6800 Morn-22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Ington Rd. Health Melvin B. Davis Address (Street, city, town, or county) Dundalk, Md. 21222 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 5 0 BEMOVAL (Specify) 9/14/67 Oak Lawn Cemetery Baltimore, Md.
2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME John J. Duda, 7922 Wise Ave. Dundalk, Md. Melanles 1967 6M 1/67 SEP

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11999 11986 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral Pages Form PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ò. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND illed in by many papers. Page b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled ircle Drive 929 Circle Drive YES T NO [carban NAME OF Middle DATE Lost Doy Year completely DECEASED E. 8, 1967 Dodson Sept. Leroy in any event (Type or print) 19 DEATH 7. MARRIED XX SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. remove M birthdoy) Months Cauc. Dovs Hours Jan. 4. 1904 WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY and Virginia Operating Engr. Delvale Dairies 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Late- Morgan Julia ----15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service Mrs Catherine Dodson 717-07-9593 crematian, signed by the c burial-transit p CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN THROMBOSIS PART I. DEATH WAS CAUSED BY ORDEN ARY ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. 260X DUF TO burial, SCHEROTIC Conditions, if ony, which gove (b) rise to immediate couse (o), DUF TO has been stating the underlying couse MEZLITUS as the of Health prior to lost 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use PERFORMED? YES NO TO FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) DR CONTRIBUTING CAUSE OF DEATH be detached State Dept. of (IF EITHER, NDTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram JAN 19 6 2, and that death occurred at saw the deceased alive an M, from causes and on the date stated above. 22a. SIGNATUR 22b. DAZE SIGNED director, page 3 should be filed v M.D. DIRECTOR 22d_ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote REMOVAL (Specify) Baltimore. Md. Lorgaine Park 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Witzke F. D. - 4101 Edmondson Av. 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12000 CERTIFICATE OF DEATH ours ofter deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY MARYLAND 3100 KeniLwon b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 5mth19dvs Hvattsville. Md. d. STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) ON A FARM 3100 Kenilworth Avenue YES NO OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3 NAME OF 4. DATE Year DECEASED OF car (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired)

NOUSOWIFE - Ketired COUNTRY? ·4590V 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removo ONCS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates af service Keconds 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Pulmonary INTERVAL BETWEEN signed by the burial-tronsit Embolism, massive, 6 ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, Thromborhebitis, bilateral, days Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse the hospital or attending Varicose Veins, bilateral vears WAS AUTOPS! PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Fracture, left femoral neck, June 28, 1967 YES V NO this certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (\$ (this haspital) attended the deceased fram March 28 19 67 to Se be retoined saw the deceased glive an September 17 19 67, and that death occurred at 106 ... M. fram causes and an the date stated above. FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED 9-18-67 director, poge should be filed G ROVE 22c. PHYSICIAN Anthony J. Young, M.D. 21228 Baltimore, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Cedar Hill Cemetery 9-21-1967 2 24 TUNERAL DIRECTO

Committee of the state of the s AVANAMO THE SECOND STANDARDS Postmiogheolets, pittunguis, James Lind , and av most from Westerner, there is medic, who all, 1969

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11988 CERTIFICATE OF DEATH 2001 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Baltimore Towson d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) St. Joseph Hospital 2912 Berwick Avenue YES NO 1 3. NAME OF 4 DATE Middle Last Manth Day Year DECEASED (Type ar print) Martin Drake September 6 19 67 H. DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED 7. MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED April 17. Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Mechanic Ease Service Sta. Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mairah Moles James Drake IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service 410-28-7128 Beulah Drake, wife, 3401 Pleasant Place #13 no 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Aspiration pneumonitis IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave gastric contens rise to immediate cause (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Cirrhosis of liver YES TY 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark 21. I certify that ((this haspital) attended the deceased from August 1 16entember 61967, that (X) (we) lost 167 saw the deceased alive or September 6 1967, and that death accurred at 2:100, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. September 6,1967 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Rd., Towson, Md. 21204

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

New Cathedral Cemetery

23d. LOCATION (City or Town)

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2Sa. REC'D BY REGISTRAR

DATSEP

Balto. Md.

(County)

2Sb. REGISTRAR'S SIGNATURE

(State)

cremation, burial-transit signed by physician. burial be retained by the haspital or attending has been this certificate far O FUNERAL DIRECTOR: After shauld director, VR A15 (4) 20 M 1/66

nes Cilliani

9/9/67

3331 Brehms Lane

Schimunek Funeral Home

23b. DATE THEREOF

23a. BURIAL CREMATION. Burial (Specify)

24. FUNERAL DIRECTOR

death.

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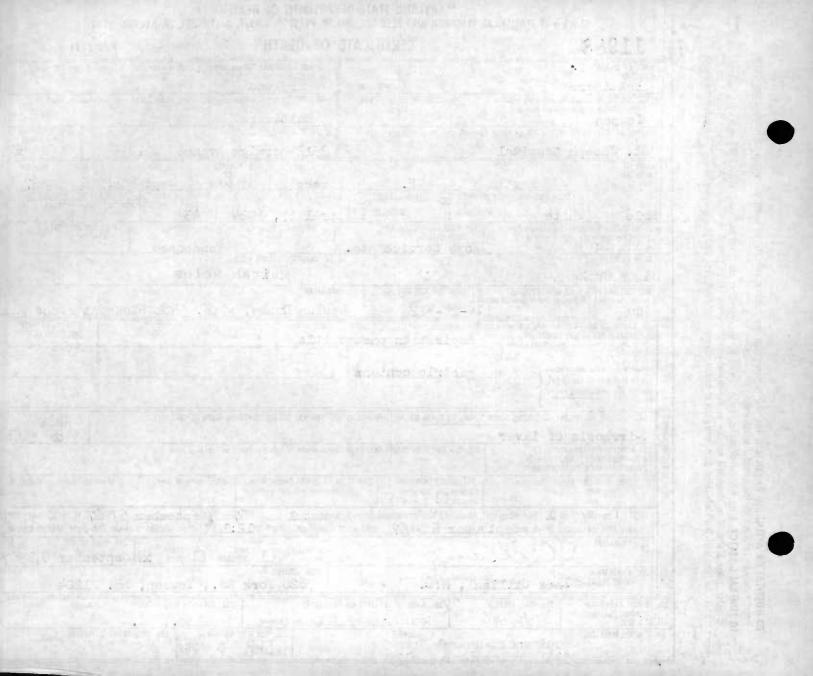
attending physician permit. Then please

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papers.

within 24 haurs after death

requires that the death certificate be executed



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEAT	H ltimore		a. STATE	b. col	institution: Residence before admission)
		MARYLAND	M	aryland	
b. CITY OR TOW	VN (If outside corporate lin . and give nearest town)	oits, c. LENGTH OF STAY IN 18			write RURAL and give nearest town)
Catons		?	B	altimore	70-4
d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospital, give street address	d. STREET ADDRES		e. IS RESIDENCE
	Nursing Home			field Ave.	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Day Year
(Type or print)	Joseph	L. E	berly	DEATH Sept.	12. 19 67
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. OATE OF BIRTH	9. AGE (in years	S IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White w	IDOWED OIVORCED	Dec. 9,1887	79 vrs.	Months Days Hours Min.
during most of work	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign count	try) 12. CITIZEN OF WHAT COUNTRY?
Bar Own			Maryland		U. S. A.
13. FATHER'S NAM			14. MOTHER'S MAI	IDEN NAME	
	Joseph Eber	ly	Mary Car	npell	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES (If yes give war or dates of servi	? 16. SOCIAL SECURITYNO. 17	. INFORMANT	Addr	ess Va.
no	(11 yes give war of dates of servi		r. Joseph Ebe	erly Rt. 2 Box	117 Lovettsville.
I 18. CAUSE OF	OEATH (Enter only one cau	se per line for (a), (b), and (c).]			I INTERVAL BETWEEN
	EATH WAS CAUSED BY:	1100	20	,	ONSET AND DEATH
11. 0	IMMEDIATE CAUSE (a)_	Council In	roune	7	Securit
4201	DUE TO ,	Sechere Viline	use En	Megene	Lugial
Conditions, If		arthur seles	utery Court	as ourse	genes
cause (a), s		Leseace			
underlying caus	se last. (c)				
PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	. DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	of injury in Part I or Part II	
	TIFY MEDICAL EXAMINER)				
0 1	INJURY Month, Day, Year		ACE OF INJURY (Home,		(County) (State)
Hour a.r		While Not While at work	tory, street, office bldg.,	etc.)	
			2/52	10/11/2	2067 11 4 10 (11) (11)
	1/11	attended the deceased from	1/20	195°C, to 7/1-	, 19 <i>6</i> /, that (I) (we) last
22a. SIGNATU	ceased alive on 7/1	19 4, and th	at death occurred at	M, from the causes	s and on the date stated above
Eli	1 1 1/10 //	crox M	.D. ATTENDING	MED. STAFF DIRECTOR PHYS.	9/19/67
PHYSICIA NAME (1-		SON	22d. ADDRESS 2432	Inscarify in	21229
23a. BURIAL, CREM REMOVAL (Spo				23d. LOCATION (City,	town or county) (State)
Burial	Sept. 15	, 1967 St. Michael	l's Cemetery	Frostburg . 1	Md.
24. FUNERAL DIRE	ECTOR	ADDRESS	25a. RI	ECLO BY REGISTRAR 1 255	REGISTRAR'S SIGNATURE
G. Truman	Schwab 3512 F	rederick Ave. Balte		SEL TO 1901	I was freely

VR A15 (4) 20M 1/65

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EAGJ Howoldtell Ave.

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Dorling | Sept. 15, 1967 St. Michigal's Carathy Trontburg , No.

O. Trusan Salant 5312 Housey St. Av. Colleg. Col.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH O HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 be retained by the hospital or attending physician. O FUNERAL RECTOR: After this certificate has been signed by the attending physician and complete. But in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye-expon papers. rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any sevent, when 72 hours after death.

TO HOSPITAL death. Page 4

15M 7-62

i	AND	RECORDS,	301	w.	PRESTON	STREET,	BALTIMORE 1	, N	LARYL	AND)
C	ERT	IFICATE	0	F	DEATH			1	200	13	

1. PLACE OF DEATH a. COUNTY Bal timore		MARYLAND	e. STATE Maryl		sed lived, If in b. COUNT HOW	Υ ,	ence before	dmission)
b. CITY OR TOWN (if outside of		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporat	e limits, write	RURAL and giv	re neerest tov	(n)
Catonsville	est town)		Ellico	tt City			03	1
d. NAME OF HOSPITAL OR INS		itel, give street eddress)	d. STREET ADDRESS					ESIDENCE
St. Joseph's N			Rock Sp				YES	A FARM?
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	De	y Yee	r
(Type or print)	Rose	Α.	Ellis	DEATH	Septemb			67
Female Whi	ite widower	NEVER MARRIED DIVORCED	8. date of Birth March 30, 1886	la	GE (In yeers I st birthday) 7 yrs.	Months Dey		Min.
Oa. USUAL OCCUPATION (Give done during most of working life,	kind of work even if retired)	ND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Coun		ign country)	12. CITIZEN	OF WHAT	COUNTRY
Housewife			Markland			1		
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
James .	Anderson		Emily	Anderso	n			
5. WAS DECEASED EVER IN U.S. Yes, no, or unkown) (Ifyesgive wa	eçordates of service)		informant s. H. Strauff	2509 Dr			6	
18. CAUSE OF DEATH [En	V)	sevb	The chrom	in b	an		INTERVAL BE	
Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause lest.	(b)	TRIBUITING TO REATH SUIT N	OT RELATED TO THE TERMIN	NAI DISEASE COL	NDITION CIVE	N IN DADT 1/a	19. WAS	AUTOPSI
YAKI II. OTREK SIGNIFICA	Cong	estive h	eart fai	luce			YES -	NO 1
PART II. OTHER SIGNIFICATION OF CONTRIBUTING CAUSE UIF EITHER, NOTIFY MEDICAL	OF DEATH	CRIBE HOW INJURY OCCUR	D. (Enler nature Chijury in	Part I or Pert II of	item 18.)			
20c. TIME OF INJURY Mod Hour a.m. p.m.	nth, Dey, Yeer 2Dd. I While 19 et work	Not While fe	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		town)	(County)		(Stete)
21. I certify that (I) (1 saw the deceased alive	7/		it death occurred at.	19 22. / 10	e causes ar		Ahal (I) date stated	
220. SIGNATURE Jose	us E	Renero	M.D. ATTENDING PHYS.	MED.	STAFF PHYS.	26	22	b. DATE
22c. PHYSICIAN'S NAME (Type)	AMES	E, Rou	IE 22d. ADDRISS	tinor	ille,	Jus.) 2	55
230. BURIAL, CREMATION, 236. REMOVAL (Specify) BUTIAL 9	DATE THEREOF	Woodlawn Ce		Woodls	ON (City, tow		(:	Stete)
24 FUNERAL DIRECTOR'S SIGNA Wm 4. 7 CM	TURE SA	ADDRESS NO	Lyna, DOCT	2 196	R 25b. REG		Ludge.	

STATE OF LOW STATES OF THE STATES OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #2c CERTIFICATE OF DEATH 12004 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ely filled in by th ban papers. Pag. within 72 hours 14 yrs. Baltimore Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS East Fayette St. filled ON A FARM halenown NO V YES Rosewood State Hospital 3. NAME OF Middle Lost 4. DATE Month Year campletely DECEASED (Type or print) Mildred Patricia ERDING 12 1967 car DEATH 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER | YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Months Dovs WIDOWED DIVORCED 6-4-49 Female White real and 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore City, M.D. U.S.A. Dependent

13. FATHER'S NAME none MOTHER'S MAIDEN NAME crematian, or remaval Mildred Hamilton Raymond Erding 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Rosewood Records, Owings Mills, Maryland none 18. CAUSE OF DEATH (Enter only one couse per line by (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) þ O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO burial Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Health Mental Deficiency due to prematurity and anoxia at birth NO X ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While 19 ot work of work 21. I certify that (this hospital) attended the deceased from 1953, to 9/12 19.67, that (1 (we) last and that death accurred at 7:40 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING Dept 12-67 DIRECTOR PHYS filed 22d. ADDRESS Rose work 22c. PHYSICIAN'S State ho Garcia directar, po shauld be f NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) Rosewood Owings Mills. Md. 2

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

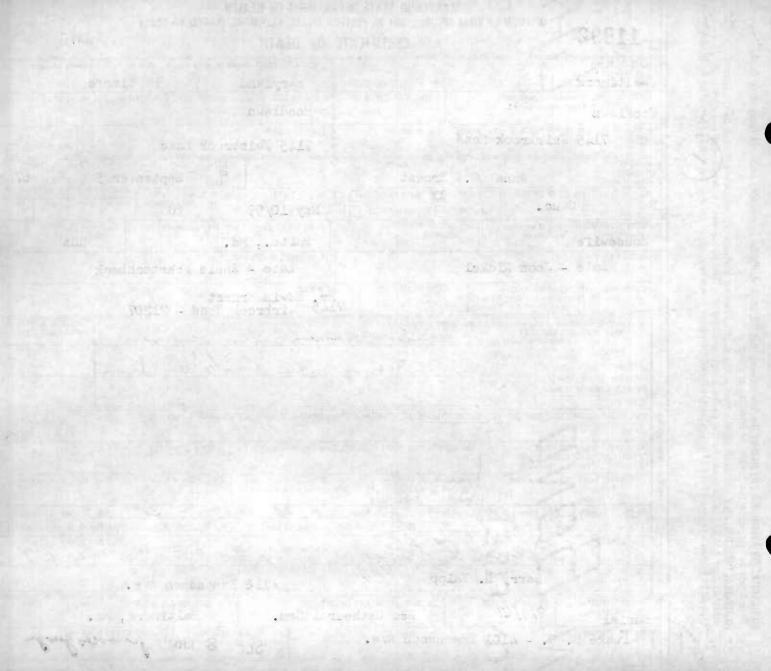
VR A15 (4)

24. FUNERAL DIRECTOR

J.F. Eline & Sons. Reisterstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11992 12005 CERTIFICATE OF DEATH death. death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Baltimore o. STATE Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. Woodl awn d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)
7145 Fairbrook Road filled 7145 Fairbrook Road NO YES NAME OF Middle DATE First Month Doy Year campletely DECEASED C. Ernest September 5 67 Anna 19 COL (Type or pnnt) DEATH 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH AGE (In years 7. MARRIED XX NEVER MARRIED remave lost birthdoy) Months Hours Cauc. May 10/99 and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY INDUSTRY Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. attending phys Late - John Nickel Late - Annie Foertschbeck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Edwin Ernest airbrook Road - 21207 crematian. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) shauld be detached far use with the State Dept. af Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram 10-26-, 19 69 to 9-6-. 1967, that (I) (we) last 196 7, and that death accurred at 1260 PM, fram causes and an the date stated above saw the deceased alive of 22a. SIGNATURE 22h. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL Harry NAME (Type) 4116 Edmondson Ave. director, p 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial Baltimore, Md. New Cathedral Cem. 0 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR D. - 4101 Edmonds on Ave. 2Sb. REGISTRAR'S SIGNATU VR A15 (4) 8 196 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12006 11992 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) BALTIMORE 30-4 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MILFORD MANOR NURSING HOME 3309 OAKFIELD AVENUE YES NO NAME OF Middle carbon First Last 4. DATE Manth Year Day completely DECEASED ANNIE **ESCANN** DEATH SEPTEMBER 1967 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years remove last birthday) Months anv FEMALE WHITE WIDOWED DIVORCED 1642044008909 pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if refired)
HOUSEWIFE COUNTRY? puo HOME ROMANIA U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. HYMAN STEIN ROSA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates af service 219-3077-37B ISIDORE ESCANN. 3309 OAKFIELD AVE. #21207 cremotion. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH adens - Carcen IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause be retained by the hospital or attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? hos of Heolth NO certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur 'a.m factory, street, office bldg., etc.) at work at work 21. 1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 1967, and that death accurred at 2 AM, fram causes and an the date stated above TO FUNERAL DIRECTOR: 22o. SIGNATURE * 22b. DATE SIGNED 22d. ADDRESS 22c. PHYSICIAN NAME (Pype) DR. JOSEPH MATCHAR 6821 REISTERSTOWN ROAD director, 23d. LOCATION (City or Town)
ROSEDALE, BALTIMORE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) 9-19-67 HAR ZION TIFERETH ISRAEL ADDRESS VR A15 (4) 25M 1/67 SOL LEVINSON & BROS INC. 6010 REISTERSTOWN RD.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12008

- (4)				CERTIFICATI	OF DEATH				
de oth	1. PLACE OF		F		2. USUAL RESIDENCE	(Where deceosed liv		Residence before od	mission)
	o. COUNT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YYYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	W XX XX XX ARYLAND	TYNY YYY	XXXXXXXXX	b. COUNTY	AND BAG	70
offe the the saft	b. CITY O	R TOWN (If outside corporate lim RURAL and give nearest tawn)	nits, c. LE	NGTH OF STAY IN 1b	c. CITY OR TOWN (If				Diono
24 hours ofter ed in by the fur agers. Pages 1	Write Write	KUKAL and give nearest tawn)(;	ARRISON	-13-67	BALTIMORE	E RXX	XXXXXXXXX	XXXXXXX	LXXX
ho ho	d. NAME	OF HOSPITAL OR INSTITUTION (IF	not in hospital, give str	reet address)	d. STREET ADDRESS		To to to to to to	e. IS	RESIDENCE N A FARM?
filled in poppers.	FOXL	EIGHNURS I	VE HEART		130.51	ADE.	ave. A	PT 41 YES	N A FARM?
	3. NAME O		First	Middle	Lost	4. DATE	Month	Doy	Year
> 5-5	(Type or	print) FAN	A/ I FE	R	DELL	OF DEATH	9	24	1967
mpl mpl ever	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG			UNDER 24 HRS
	FEM	ALE WhITE	WIDOWED 🔀	DIVORCED	XXXXXXXXXXX	XXXXX 8 8 33	Y yrs.	onths Days H	ours Min.
	10o. USUAL O	CCUPATION (Give kind of work don		BUSINESS OR	11. BIRTHPLACE (Cour	nty & Stote, or learing	country)	12. CITIZEN OF WH	TAT
ertificote b physician ten please ovol, ond i	during most	OUSEWIFE	Andustr	OME	Ruc	SiA		U.S.A.	
fico ysic ol, c	13. FATHER	S NAME			14. MOTHER'S MAIDE	N NAME		CAL HOLL	
certificote be g physician or Then please r movol, ond in		ELLIS ROSEN			100	ROSSIE			
ding f. T		CEASED EVER IN U.S. ARMED FORCES		SECURITY NO. 17.	INFORMANT		Address		-11
te death ce ottending permit. The	(165,110,010	TIKTIOWIT) INTERPRETATION OF GOTES	913-	03-1207 M	R. ELLIS M.	FELL. 3	313 MARN	ET ROAD	#8
4	IB. CA	USE OF DEATH (Enter only one co			7	N/		INTERVA	L BETWEEN
thot t an. by the ronsit	P	ART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUS	SE (O) Class	ile pui	mas uy C	aena		ONJET	IND DEATH
N.O. P. T.	4		JE TO Chara	Va	/	terest		L	Pen-
quire physi signed burial	Condition	ons, if ony, which gove)	(b)	me par	sing (ong the	an	- /-	1
req ng p	stoting	the underlying cause DU	JE TO TITOS	malat	- francite	and Car	too 11.	1 6	Year
low ndin bee s th ior t	lost.)	(c) Much	orcurry	wellen.	no Car	1030	can a	
he other nos	PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN-	PART I(o)		S AUTOPSY FORMED?
or of the last	CERTIFICATION OR CON.							YES [NO [
Fee High	2Do. ACC	CIDENT WAS UNDERLYING ☐ TRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of injury	in Port I or Port II of	f item 1B.)		
osploss cert cert cert cert cert cert cert osploss		ER, NOTIFY MEDICAL EXAMINER)							
PH ne h his etoc Dep	20c. TII	ME OF INJURY Month, Doy, Yeor Hour o.m.	2Dd. INJURY While		CE OF INJURY (Home, formant tory, street, office bldg., e		y or lown)	(County)	(Stote)
NG NY # Ve de d	1	p.m. 19	at work	at work	1	10/2/	1 to		
Aff d b d b d b e Si		I certify that (I) (this ha	spitor) attended t	he deceased fram_	AGI -	1906 to	14/24		(I) (we) lo
OR DOU		w the deceased alive an_	100	19.6.7, and the	accurred	at A Property Tro		22b. PATE SIGNED	ated abay
R A ret ret with with with	The	main 1	here O	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	4/24/6	7
L OR v be r DIRE	22c, P	HYSICIAN'S		JVI.	22d. ADDRESS	DIRECTOR L	rnrs.	10110	1
HOSPITAI age 4 may FUNERAL irector, po	N	AME (Type) BENJAMIN	I. SIEGEL	200					
OSP 4 4 A SP A SP A SP A SP A SP A SP A S	23o. BURIAL	, CREMATION, 23b DATE T	HEREOF 23c	. NAME OF CEMETERY OR	CREMATORY	23d. LOCATIO	ON (City or Town)	(County)	(Stole)
Page 4 may O FUNERAL i		AL (Specify) 9-25		TH HAMEDROS		BALTI		RYLAND	
F F (X)	24. FUNER	AL DIRECTOR		ADDRESS	2So. RI	C'D BY REGISTRAR		RAR'S SIGNATURE	
VR A15 (4) 25M 1/67	SOL LE	VINSON & BROS.	, INC. 6010	REISTERSTO	WN RD. DATES	FP 27 19	67 pcc	world for	ye.
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12009

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草 をまる			PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceosed lived, if institu	ution: Residen	ce before adr	nission)
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hat J. th y th			PART I. DEA	IMMEDIATE CAUSE	(o) Cet.en	LAT Ueu	OLLE	lage, mass.	TV6,		Tousalf	NOYDEATH
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PHYSIC he haspi his certi stached Dept. of				MEDICAL EXAMINER) URY Month, Day, Year	1 204 IN HIT	RY OCCURRED	OO. DI A	CE OF INJURY (Hame, lorm	, 20f. (City or town)	16.		(54-4-)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7 2010 11997 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Baltimore o. SIATE Maryland b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Towson owson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? 1710 Ruxton Road 1710 Ruxton Road NO NAME OF First Middle Last 4 DATE Year DECEASED Marion Fisher 30 Poor 67 19 (Type or print) DEATH car campie IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGF (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months 11-16-1890 M W and in any WIDOWFD DIVORCED and 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Frank Fisher Virginia F. Poor 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates af service) Mrs. Charlotte P. Fisher Same crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. signed b DUE TO burial, Conditions, if any, which gave (b) rise ta immediate cause (a). DUE TO stoting the underlying cause peen as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has detached far use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d INMIRY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour a m foctory, street, affice bldg., etc.) at work 19 67 ta 9/30 1967 that 21. I certify that (I) attended the deceased fram 7, and that death accurred at 6A M, fram causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b. DATE SJGNED STAFF PHYS. DIRECTOR 18 E. 22c. PHYSICIAN'S director, pure NAME (Type) Dr. A. Murry Fisher E. Eager Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) 10-2-1967 Greenmount Cemetery Baltimore. Md. 0 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 21212 ns Co. ADDRESS Road Balto., enkins & Sons VR A15 (4)

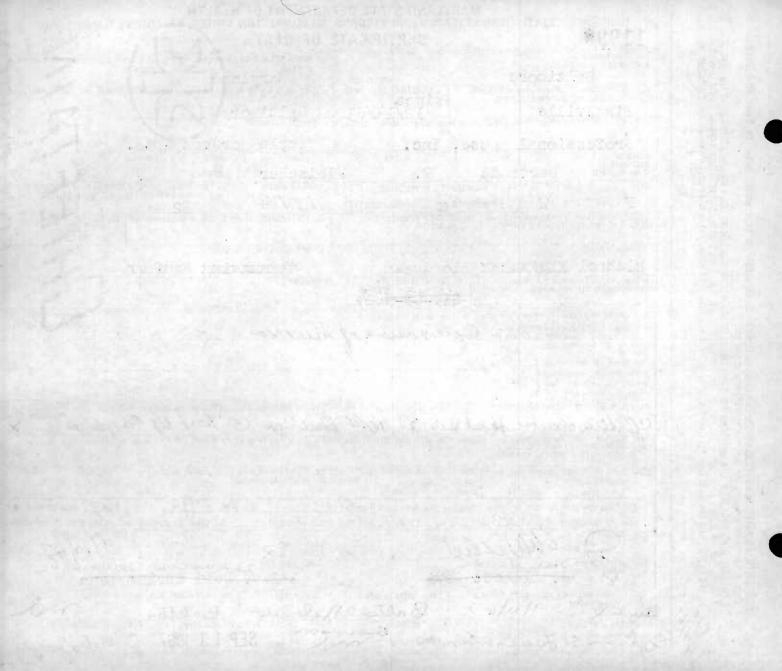
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MARYLAND STATE DEPARTMENT OF HEALTH

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1	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived	
1)	Baltimore Maryland Maryland	. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, since	its, write RURAL and give nearest town
	Pikesville 12/13/63 Baltimore	30-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCI ON A FARM?
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	last birt	years IF UNDER 1 YEAR IF UNDER 24 HRS
	F. W WIDOWED DIVORCED 9/30/84 82	yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign industry)	country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Michael Krakacher Blondheim Rkondheinx Kau:	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	Address
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concuracy of Paulericas	01021 7110 02111
ı	Conditions Is any which >	72 (0.0) (1.0)
l	Conditions, If any, which gave rise to Immediate (b)	
ı	cause (a), stating the underlying cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I	5 Carlero clarke that Dis. @ night femilie in 3 lot 0	2 Ca Sherves \ NO &
	Caulius clarity that Dis. O Mole female gar 3 for 0 20a. Accident was underlying 20b. Describe How injury occurred. (Enter nature of injury in Part I or Pa 30 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	rt II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or to	wn) (County) (State)
	Hour a.m. While Not While at work at work	
	21. I certify that (I) (this hospital) attended the deceased from 5/23, 1964, to 9/9	, 19e7, that (I) (we) las
	saw the deceased alive on 3/3 1967, and that death occurred at M, from the ca	uses and on the date stated above
	22a. SKNAIORE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	9/10/67
	22c. PHYSICIAN'S JACK JEXLER 22d. ADDRESS 222 W. Cold 3pt	-D SPIRING- LAWE
ı	REMOVAL(Specify)	City, town or county) (State)
13,	24. FUNERAL DIRECTOR ADDRESS 1252. REC'D BY REGISTRAR 21	b. REGISTRAR'S SIGNATURE
	C P 1 5 1967	0011-00
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12013 CERTIFICATE OF DEATH 24 haurs after death by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY timore o. COUNTY o. SMaryland Baltimore MARYLAND 72.hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, Handallstown Randallstown I campletely filled in b mave carban papers ny event, within 72 ha e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Balto County General Hospital Offutt Road 3231 requires that the death certificate be executed within 3. NAME OF Middle DATE please remave carban First Dov Year DECEASED 1967 H. 2 Emory Flowers Sept DEATH (Type or print) and in any event, 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE S. SEX 7. MARRIED NEVER MARRIED lost Birthdoy) Months White Hours Mile April 13, X WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) Florist. Westernport Maryland U.S.A Florist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Martha Kimball Emory E. Flowers 17. INFORMANT 3291 offutt Road 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service 220-30-0860 Mr. R. Donald Flowers Randallstown, Md no cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: -ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the priarta be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use of Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work ot work pe 21. 1 certify that (1) (this haspital) attended the deceased fram 4-21967, ta. 1967, that (1) (we) last 19 6/, and that death accurred at 15'.30PM, fram causes and an the date stated above saw the deceased alive an 22b-DATE SIGNED 220. SIGNATURE **ATTENDING** DIRECTOR PHYS director, page 3 shauld be filed PHYS. 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S NAME (Type) Roland A. Madamba 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF und 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 20 M 1/66

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Conditions, if any, which gave rise to immediate cause (a). stating the underlying couse

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor

20d. INJURY OCCURRED Hour o.m.

Nat While at work

ADDRESS

20e. PLACE OF INJURY (Home, form, (City or town) factory, street, office bldg., etc.)

21. I certify that (1) (this hospital) attended the deceased from and that death occurred of 5 ac M, fram causes and on the date stated above. sow the deceased olive on 9/15/67 22b. DATE SIGNED 22o. SIGNATUR

ATTENDING

22d. ADDRESS O EASTERN TS LLVa #2

(County)

23a. BURIAL, CREMATION

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY ACRED

23d. LOCATION (City or Town)

(County) (Stote)

NO

(State)

BURIA 24. FUNERAL DIRECTOR

REMOVAL (Specify)

T.G. CONNELLY

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BALTO. -2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

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O FUNERAL DIRECTOR: After this certificate

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	2002	CERTIFICAT	E OF DEATH		12015
1. PLACE a. COU	OF DEATH INTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived, if institution: b. COUNTY	
	OR TOWN (If autside carparate limit te RURAL and give nearest tawn) Baltimone	s, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aufside	e carparate limits, write RURAL	
	AE OF HOSPITAL OR INSTITUTION (IF I		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA	SED	irst Middle	315 High St Last 4.	DATE Month	Day Year
S. SEX	ar print) Baunic 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS. Aanths Days Haurs Min.
Male 10a. USUA	White L OCCUPATION (Give kind of wark dane st of warking life, even if retired)		1890 11. BIRTHPLACE (Caunty & Sto	77 yrs.	12. CITIZEN OF WHAT
Merc	hant ER'S NAME	INDUSTRY Retail	Baltimore. 14. MOTHER'S MAIDEN NAM	Maryland	COUNTRY?
Saba Is. WAS	Atian Fox DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	HUDDA	ADES Address	
	DECEASED EVER IN U.S. ARMED FORCES? ar unknawn) (If yes give war ar dates	of service) 215-32-9567 N	lrs. Jeanette F	ox, 315 High	
	CAUSE OF DEATH (Enter only one cal PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) H2 M6	ri-Lage		ONSE AND DEATH
Cand	litians, if any, which gave	(b) Ctastriz	U/(ex (henign)	Surcha
statir last.	ng the underlying cause	(c)		•	
NOLVE	II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO	1	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
S OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part	I ar Part II af item 1B.)	
MEDICAL 20c.	TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
	21. I certify that (I) (this-hos	spital) attended the deceased fram_	nat death accurred at S	M, fram causes an	_, 19 67, that (I) (we) lo
220.	SIGNATURE	n Bernstein!	M.D. PHYS. MEC	O. STAFF PHYS.	22b. DATE SIGNED
22c.	PHYSICIAN'S NAME (Type) Dr. Ala	n Bernstein	22d. ADDRESS 819 Par	k Avenue	
REM	ITAL, CREMATION, OVAL (Specify) Tial 9/3/6		R CREMATORY	23d. LOCATION (City or Town) Baltimore	Residently), 5 (State)
,	ERAL DIRECTOR	ADDRESS	o (Arlington)	REGISTRAR 19672Sb. REGIS	TRAR'S SIGNATURE MAGE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2003 CERTIFICATE OF DEATH 13456 by the funeral Pages 1 and 2. requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) 11 YEARS TOWSON .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) bers. d. STREET ADDRESS ON A FARM? Rd-Glenarm GleNarm YES NO 3. NAME OF Middle First 4. DATE Day DECEASED OF DEATH Sept. (Type or print) evel S. SFX 9. AGE (In years last birthday) IF UNDER 24 HRS B. DATE OF BIRTH IF UNDER 1 YEAR **NEVER MARRIED** remove Manths WHITE Aug. 25, 1876 WIDOWED DIVORCED attending physician ond permit. Then pleose rem 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY BaltimORE, MARYLAND TEACHER

13. FATHER'S NAME ONVENT U.S.A WAS SECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service Genarm 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been os the of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION for use NO X 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (State) (Caunty) foctory, street, office bldg., etc.) Not While Page 4 moy be retoined by ta Sect. 29, 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. , 19 19 67, and that death accurred at 9115 PM, from causes and an the date stated above. saw the deceased alive on Sept. 28 22a. SIGNATURE 22b. DATE SIGNED ATTENDING V M.D. PHYS. DIRECTOR director, poge 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) HENRY & ME CORKLE MI 23a. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) AYMOND (Specify) PMFTERY 2Sa. REC'D BY REGISTRAR DATEOCT 9

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12016 12004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY Baltimore b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town)
Baltimore c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b and PM3 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm in Item 18. Give Poges r's Office olong with far St. Joseph's Hospital 8219 Belair Road YES NO [24 hours after death. NAME OF Middle DATE Day Year DECEASED (Type ar print) DAVTD FREYMAN DEATH September IF UNDER 1 YEAR SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Manths Haurs DIVORCED A Aug 10,1925 ofter deoth WIDOWED Male White 42 Yrs. 10b. KIND OF BUSINESS OR Son 11. BIRTHPLACE (State or fareign country) 1Da. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT J.E.Freyman & during mast of working life, even if retired)

Machinist COUNTRY? Maryland d 'pending'' in pencil in Chief Medical Exominer's 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME John E. Freyman.Sr Elizabeth Assenheimer 72 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Glenbunnie. Md permit. (Yes, no, or unknown) (If yes give wor or dates af service) within 18 0379 David E.Freyman. Jr. 153 Olan Drive 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN event PART I. DEATH WAS CAUSED BY ONSET AND DEATH MMFDIATE CAUSE (a) Rheumatic Heart Disease certificate should the word DUF TO Vuo Canditions, if any, which gave 9 rise ta immediate couse (o), ⊆ DUE TO stating the underlying cause D. puo OS D 19. WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 2Dg. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | ar Part || of item 18.) PRIMARY CONTRIBUTING cremotion, or CAUSE OF DEATH. 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge pleose execute at wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry [and in my apinian Natural causes X. Accident ... Suicide . Hamicide the funeral directar. death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE may be 9/5/67 DEPUTY MEDICAL EXAMINER Werner U. Spitz, **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 29c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Caunty) (State) 50 9/8/67 Lorraine Park Windsor Mill Rd.Md 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Marley DATE SEP 1967 6M 1/67

10,1925 M 103 .8. Permant description John E, Fraymen. or ... Hireboth Assenheimer Ante Sygnal Clarent Ed.

Sumiler 19/8/67 Degrates Park Windows Hill Rd. Ad

B. C. Blogwood & CO

MAKEL AND STATE PEPARTMENT OF HEALTH

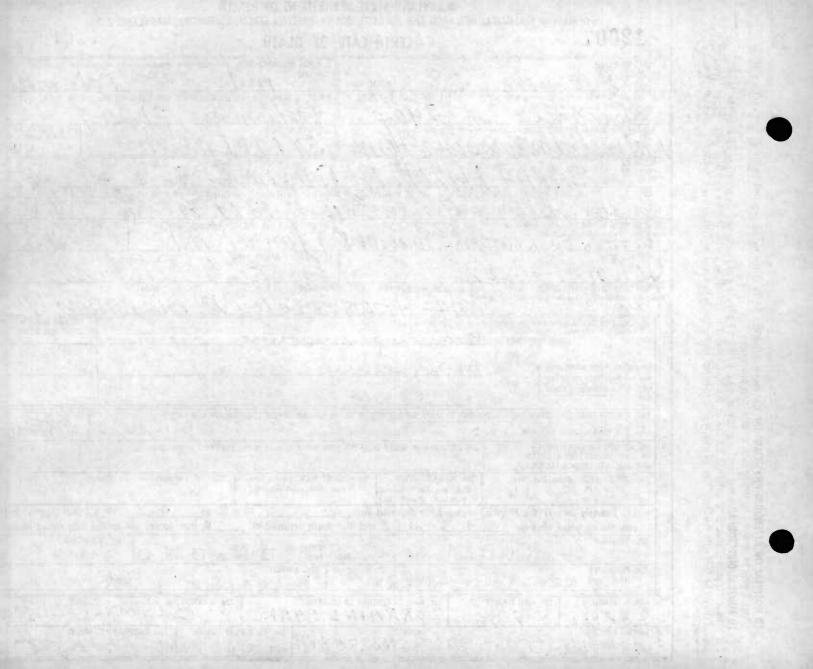
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12018 12006 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY filled in by the fun papers. Pages hin 72 hours offer Maruland Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest tawn) write RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 7606 Laburinth Road 7606 Laburinth Road YES NO F corbon 3. NAME OF Middle 4 DATE Month Day Year DECEASED Rae Friedman September 1
AGE (In years IF UNDER I YEAR (Type or print) DEATH event IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthday) Davs Haurs and in ony WIDOWED Y DIVORCED White Female. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) physicion c INDUSTRY COUNTRY? Housewike IISA At Home Russia

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Morris Scurnick Fannie. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, ng, ar unknown) (If yes give war ar dates of service Rosalie Kreitzer, 7606 Laburinth No burial, cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or attending physicion. DUE TO signed k Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause os the has been last 19. WAS AUTOPSY PERFOR MED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth 1 NO certificate 20g. ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INIURY OCCURRED 20c. TIME OF INJURY Manth, Dov. Year 20e. PLACE OF INJURY (Home, form, (County) (City or town) (State) Hour 'a.m. foctory, street, affice bldg., etc.) Not While at work ot wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. _, 19 (a), that (I) (we) last and that death accurred at 6 M, from causes and an the date stated above saw the deceased alive an 19/ 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Irvin Sauber 6905 Park Heights Avenue director, should by 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Burial _Anshe Emunah imore Maryland 25b. REGISTRAR'S SIGNATURE 9/3/67 Raltimore. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DATESFE Sol Levinson & Bros. Inc., 6010 Reist., Rd.

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d	A.A.		4.0.00	12019
	PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deoth the hospital or ottending physicion. It is certificate has been signed by the attending physician and completely filled in by the funeral tracked for use os the burial-transit permit. Then please remove carbon pagers. Pages I and Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	1.	PLACE OF DEATH o. COUNTY Baltimore 28 MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence on STATE M. d. b. COUNTY Baltimore)	alternore
	hours ofter in by the furies. Pages 1 2 hours after	-	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Solution of the RURAL and give nearest town) ANAME DE HOSPIJAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS	7 03 /
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	ond completely filled remove carbon page in any event, within?	S.	NAME OF DECEASED (Cype or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	Doy Year 1967
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	death	0	es, na, or unknown) (If yes give war ar dates of service) 214-24-2018 Chester D. Dimm	ens 2/4
	equires that the death ce physicion. signed by the attending burial-tronsit permit. The burial, cremation, or remo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) By Court Court Publication	ONSET AND DEATH
	hysicial gned b urial-tr		Conditions, if ony, which gave nise to immediate cause (a),	
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	ICIAN: The low repitol or ottending priol or ottending rtificate has been ad for use os the of Health prior to	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Extreme Semility — Deceletus Welcers — Blindus	19. WAS AUTOPSY PERFORMED? YES NO TIL
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	4
	ATTENDING PHYSIC retained by the hospine ECTOR: After this certification is should be detached with the State Dept. out the State Dept.	MEDICAL	20c. TIME DF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Hour o.m. While at work at work factory, street, office bldg., etc.)	unty) (State)
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	PITAL OR may be a ERAL DIRI or, page 3 or, page 3 d be filed v		22c. PHYSICIAN'S NAME (Type) CESAR VALLE CAVERO 3629 Liberty Rol	
	O HOSPITAL Poge 4 may O FUNERAL I director, pag should be fil	23	REMOVAL SPECIFUL 9/9/1967 LORRAINE PARK WOODLAYVIN.	(County) (Stote) BALTO, CO
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12009 12021 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore Balto. Marvland MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)

Catonsville c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) 2vrs3mths23dvs Glyndon, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Spring Grove State Hospital Chatsworth Avenue YES NO [3. NAME OF Middle 4. DATE Manth Dov Year DECEASED Russell Gardner 21 19 67 Clarence Sept. (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED F DATE OF BIRTH last birthday) Months Days Hours WIDOWED DIVOR CED White Feb. 19. 1995 Male 1Da. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)

Retired Farmer INDUSTRY COUNTRY? Farm Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Cox James M. Gardner 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes na, ar unknawn) (If yes give war ar dates af service) 215-32-2164 Records: Spring Grove State Hospital CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN a CHILAND DEATH Mvocardial Infarction. IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gave Arteriosclerotic Cardiovascular Ht. Dis 10 years rise ta immediate cause (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Df. (City or town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year Haur 'a.m. factory, street, affice bldg., etc.) of work of work 21. I certify that (1x (this hospital) attended the deceased fram May 28, 1965, to Sept. 211967, that (x) (we) last saw the deceased alive an Sept. 21 1967, and that death accurred at 11:15M, fram causes and an the date stated above. Sept. 211967, that M (we) last 22g. SIGNATURE STAFF PHYS. 2:00 PW 22d. ADDRESS Spring Grove State Hospital NAME (Type) Anthony Young, Baltimore, Maryland 21228 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Pikesville. Druid Ridge 24. FUNERAL DIRECTOR 2Sh REGISTRAR'S SIGNATURE Sons Reisterstown, Md.

funeral 1 and 1 er death 24 havrs after death after the within 72 hours papers. .⊆ OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arban etely campa and camp eV any please pup or remaya crematian, be retained by the hospital or attending physician. burial, far use as the l Health prior ta b this certificate has af After O FUNERAL DIRECTOR: director, page 3 shauld be filed v

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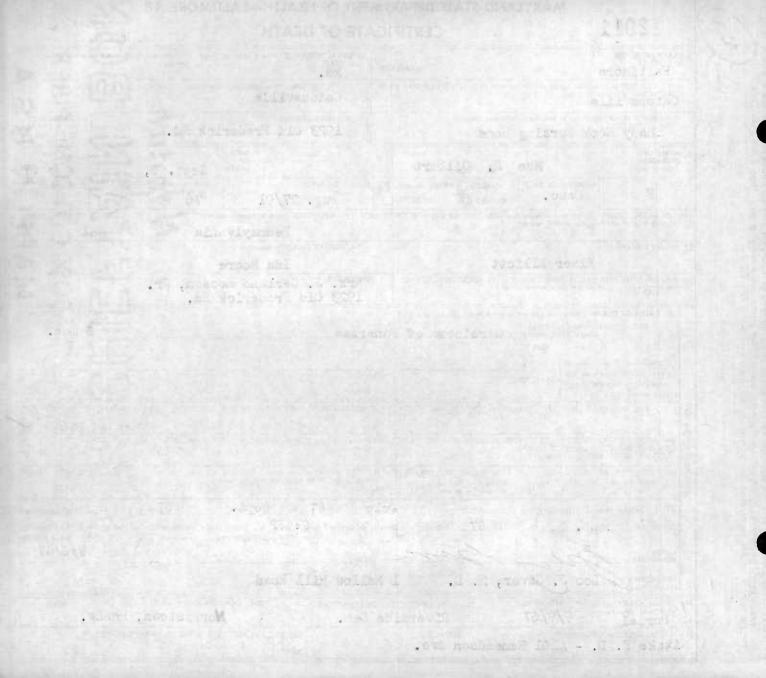
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12011 CERTIFICATE OF DEATH

12023

Reg. Dist. No.

	o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Catonsville					-/	
0	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Shady Nook Nursing Hom	address)	d. STREET ADDRESS 1923 Old	Freder:	ick Rd.			ON A	ON A FARM?	
	B. NAME OF First DECEASED (Type or print) Mae E	Middle Gilbert	Last	4. DATE OF DEATH	OF			Day Year		
1	5. SEX 6. COLOR OR RACE 7. MARI Cauc . WIDOW		B. DATE OF BIRTH Aug. 27/9	1	9. AGE (In years lost birthdoy)		Doys			
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU		or foreign co		12.CIT	IZEN OF		OUNTRY?	
	3. FATHER'S NAME Elmer Elliott		14. MOTHER'S MAIDEN N							
-	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO.		Moore and Ro	sson, Add	(ess				
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO	rcinoma of Pan		INAL DISEASE	CONDITION GIV	/EN IN PAR	3	PERFO	•	
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Port I or Part	Il of item 1B.)			7.0		
	Hour o.m. While	NJURY OCCURRED 20e. Pf Not while k of work	LACE OF INJURY (Home, farm octory, street, office bldg., etc	, 20f. (City	or town)	(1	County)		(Stote)	
	21. I certify that I attended the deceased fram. July , 1967, to Sept., 1967, that I last saw the deceased alive an Sept., 1967, and that death accurred at 9:45P M, fram the causes and on the date stated above. ACTUAL SIGNATURE M.D. PHYSICIAN'S Leo V. Gaver, M. D. 1 Mallow Hill Road									
	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9/9/67	22c. NAME OF CEMETERY C			orristov		enna	(Stote	2)	
1	3. funeral director's signature Witzke F. D 4101 Edmon	dson Ave.	24S REC	D BY REGIST	24b. REGI	STRAR'S SI	GNATUE	RE		



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12025 carbon papers. Pages 1 and 2 art, within 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH b. COUNTY o. COLINTY. MARYLAND within 24 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b write RURAL and give pearest town d. STREET ADDRESS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? filled NO YES 4. DATE 3. NAME OF Lost Doy Year campletely DECEASED OF 19 21 DEATH (Type or print) The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED any ev lost birthdoy) Months Dovs Hours DIVORCED WIDOWED and (11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 100 ISHAL OCCUPATION (Give kind of work done COUNTRY? NDUSTRY during most of working life, even if retired) ypub please SALES MANAGER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remayal, KEBECCA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by be retained by the haspital ar attending physician. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been State Dept. af Health priar to far use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work 196 /, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram. 19 % to and that death occurred at _____M, from causes and on the date stated above. shauld 019 67. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR 196/ VR A15 (4) 20 M 1/66 DATESEP

MARYLAND STATE DEPARIMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12026 PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Baltimore hours after Maryland Anne Arundel MARYLAND Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 9 Days = Linthicum papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Greater Baltimore Medical Center 508 Hammonds Herry NO X YES within etely with completely ve carbon NAME OF First Middle Last 4. DATE Year DECEASED (Type or print) RAYMOND LOUIS DEATH September 27, GOR ZO 19 67 executed 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 8. DATE OF BIRTH emove and Male WIDOWED [DIVORCED White = 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT during most of working life, even if retired) COUNTRY? Pittsburgh. Pennsy death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Gorzo (unknown) (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY NO. I permit. Address 0 (Yes, no, or unkown) (If yes give war or dates of service) Same as 579-14-2688 Mrs. Margaret R. Gorzo (wife) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, crema PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemothorax, post left pneumonectomy for carcinoma ONSET AND DEATH or attending physician. MEXIX of lung. Conditions, If any, which gave rise to immediate the DUE TO cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES V NO T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY DCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work retained DIRECTOR: A age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from Sept. 17. . 1967 to Sept. 27 1967 that (I) (we) last saw the deceased alive on Sept. 27. 19 67, and that death occurred at 4:45 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page MED. ATTENDING STAFF 9/27/67 M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS John E. Adams, M.D. director, p 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Glen Burnie, Maryland Sept. 30/67 Glen Haven Memorial Pk. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Singleton Funeral Home Charles 1967 VR A15 (4) Glen Burnie Maryland 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12027 12015 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral a. CDUNTY b. COUNTY MARYLAND CALVERTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) REPUBLIC 33 DAYS Wilson .⊑ d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS filled = Wilson State Hospital BOX YES \boxtimes NO NAME OF First Middle Last 4. DATE Month carbon Day Year DECEASED HENRY EP. IUILLIAM 1967 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Months WIDOWED DIVORCED 6yrs. and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? physician MARYLAND FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, MARGARET BUTLER WILLIE 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. Records, Mt. Wilson State Hospital crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), John (c). burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INILIRY Month Dov. Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour 'a.m. factory, street, office bldg., etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram &-2, 19 6 7, to 9- 41 , 19 67, that (I) (we) last O HOSPITAL OR ATTEND Page 4 may be retained saw the deceased alive an 9-41 - 19 67, and that death accurred at 620 M, from causes and an the date stated above TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE director, page 3 shauld be filed v M.D. PHYS DIRECTOR Mt. Wilson, Maryland NAME (Type) Wm. Newcomer, M.D., Supt. 23a. BDRIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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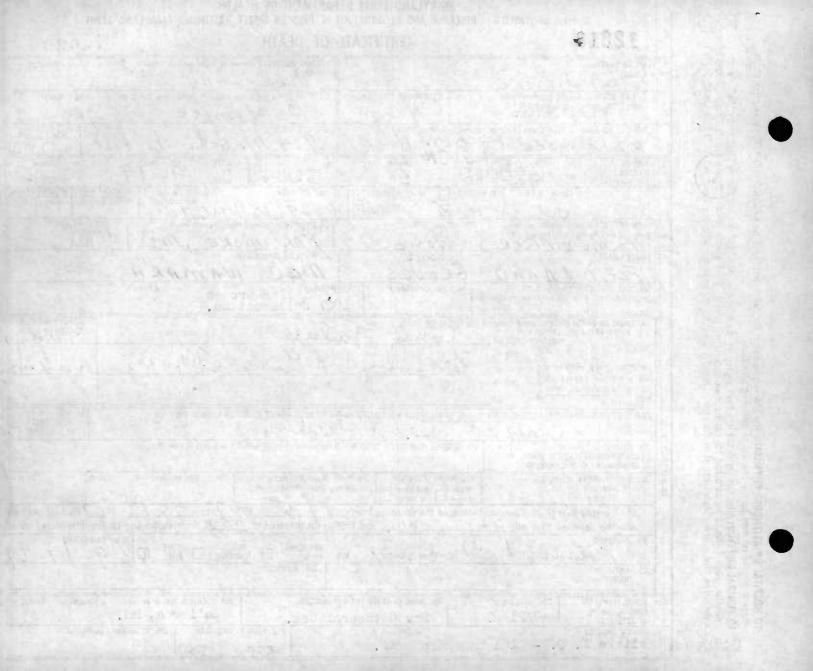
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The law requires that the death certificate be executed within or attending physician. also as the burial-transit permit. Then please remoye carbon paith prior to burial, cremation, or removal, and in any event, with	OFCEASED (Type or print) Edward Michael Grender DEATH 9-10-1967
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DING and by Afte of be	21. I certify that (I) (this hospital) attended the deceased from 9/1/, 1947, to 9/10, 1947, that (II) we) las
TENDI tained for: A fould h the	saw the deceased alive on 9/9 / 1967, and that death occurred at 2 AM, from the causes and on the date stated above
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ay bay bage page filed	1) or Cobert W Swam M.D. PHYS. I OIRECTOR I PHYS. II //10/4/
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12018 CERTIFICATE OF DEATH 12029 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed fived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. CITY OR JOWN (If autside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 apers. Pa moree d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENC ON A FARMS the attending physician and campletely killed is permit. Then please remaye carbon paper LtimoRe YES NO NAME OF carbon ent, with DATE Day Year DECEASED OF DEATH 19 (Type or print) 9. AGE (In years IF UNDER 24 HRS. S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave lost birthday) Months Doys Haurs WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 14. BIRTHPLACE (County & Stote, or foreign country) during most of warking life, even if retired) COUNTRY? INDUSTRY ALTIMORE HomemAK None 13. FATHER'S NAME Rebbert 14. MOTHER'S MAIDEN NAME AMARA IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT iam Groves (Yes, na, ar unknawn) (If yes give war ar dotes af service Hal limont Rd. INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (g), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED foctory, street, affice bldg., etc.) Haur a.m. Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 2.50M, from causes and an the date stated above saw the deceased alive an _ 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Batimore, Md. New Cathedral Cem. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) Witzke F. D. - 4101 Edmondson Av. Ollowla, Ondar



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Year

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Hours

INTERVAL BETWEEN ONSET AND DEATH

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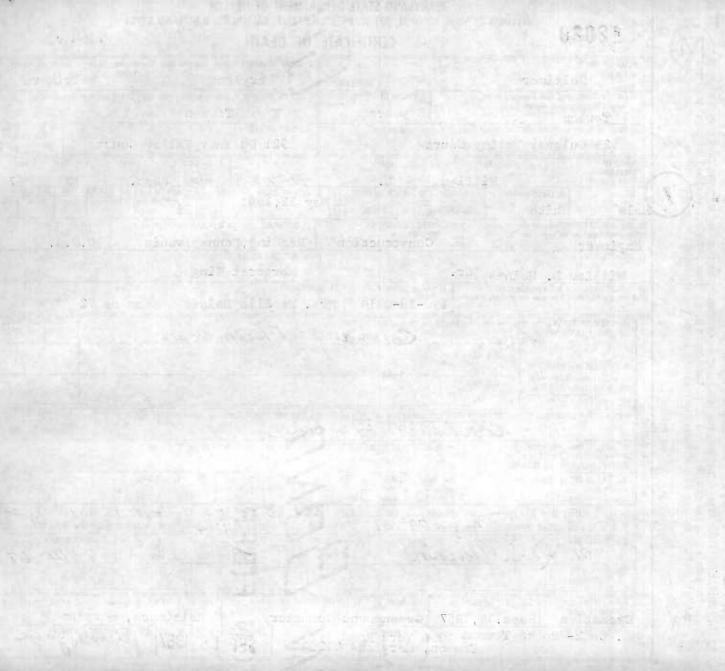
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12020 12032 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral and er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY ely filled in by the fundon papers. Pages 1 c within 72 haurs after d Baltimore Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) 8 vears Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 921 Dulaney Valley Court 921 Dulaney Valley Court NO X DOU NAME OF First Middle 4. DATE Doy Year campletely DECEASED William (Type or print) DEATH 1967 remove car Sept IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 66 Jast birthday) Mav Manths Days Haurs Male White WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) please INDUSTRY COUNTRY? U.S.A. physician Reading, Pennsylvania Construction Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, en Margaret King Sr. William L. Haines 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO permit. (Yes, na, ar unknown) (If yes give war or dotes of service 190-10-0414 Mrs. Mabelle Haines same as #2 no crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: Throm Goses ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gave (b) rise ta immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending as the priar tal lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? has Killer. NO certificate far 20o. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, fgrm. 20d. INJURY OCCURRED (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year (County) After this factory, street, office bldg., etc.) Hour o.m. Not While at work 13. 1967, that (1) (wet last 21. 1 certify that (1) (this hospital) attended the deceased fram_ oct 1963 to Sept saw the deceased alive an August 29 1967, and that death accurred at 9.10pm, fram causes and an the date stated above. FUNERAL DIRECTOR: 22o. SIGNATURA 22b. DATE SIGNED **ATTENDING** STAFF director, page 3 M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Cremation Baltimore, Maryland Sept. 14, 1967 Greenmount Crematory 2 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Will Mercook Brooks Towson 1050 York Road VR A15 (4) 25M 1/67 Towson, Maryland 21204



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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low endii s bee s bee os th	PART	IL OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING T	D DEATH BUT NOT REL	ATED TO TH	IE TERMINAL DISEASE CO	INDITION GIVEN IN PAR	PT 1(a)	19. WAS AUTOPSY
The rott of the plant of the pl	NOLL	I. OTTER SIONITE	7	reme		01	Jone	LLO		PERFORMED? YES NO
	OR CO	CCIDENT WAS UNDE NTRIBUTING (A HER, NOTIFY MEDIC	RLYING USE OF DEATH			CURRED (E	inter nature of injury	Part I or Part II af ite	m 18.)	
IG PHY the ho r this c detoch	20c. 1	IME OF INJURY A Hour o.m. p.m.	Nonth, Doy, Year	20d. IN While at work	JURY OCCURRED Not While at wark		OF INJURY (Hame, farry, street, affice bldg., etc		town)	(County) (Stote)
ned by R: Afte ould be the Sto	21	. I certify th	at (1) (thi s has ed alive an	eital) attend	led the deceased	fram and that	death occurred at	19 6 ta Sep	causes and a	19 6 /that (I) (we) last n the date stated above.
OR AT be retoi olikeCTC e 3 sho ed with	22a.	SIGNATURE	algi	Be	mateix	M.D.		MED. ST. DIRECTOR PH	AFF 22b	9 17 67
7 0 0		PHYSICIAN'S NAME (Type)	Allan B	ernstei	n		22d. ADDRESS Woodho	olme Ave. 1		
ro Hospital Poge 4 may ro Funeral director, po	BRE	AL, CREMATION, WILLIAM TON	23b. DATE TH 9/17/6	EREOF 7		Park	Crematory			(County) (Stote) Maryland
VR A15 (4) 25M 1/67		RAL DIRECTOR LEVINS	ON & BROS	S INC.	ADDRESS 6010 Reist	Rd.		D BY REGISTRAR FP 2 0 196	25b. REGISTRAN	e's signature

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	4 4	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1. N	ARYLAND
STATE		12022 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	12034
RJ.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	
П		BAITIMORE MARYLAND	a. STATE Md. b. COUNTY BR	1 Timore
		o. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL ar	
ĺ		CATONSVILLE	CATONSYI/le	13/
ı		I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE
۱	- 0	14 NUNNERY LANE APT. A	114 NUNNERY LANE	YES NO
		NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
	5.	Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18	Appley DEATH SEPT	1/ 1967
		- INEVER MARKIED	DATE OF BIRTH 9. AGE (In Yeers IF UNDER	1 YEAR IF UNDER 24 HRS. Days Hours Min.
l	10a	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	77.	TIZEN OF WHAT COUNTRY
ı	dor	e during most of working life, evan if retired)	P 1	U. S
ľ	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	V 33
		Ignatius Oshinski	MARGERITE	
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I		
	(101	, no, or unkown) (Ifyesgivewarordatasofservica) 195-09-2775 F	Paul S. ItAMshey 114 Nun	WERV In.
		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).]	1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Car Dio - Your	cedar disease	ONSET AND DEATH
		4221 DUE TO		
		Conditions, if any, which (b)		
		gave rise to immediate causa (a), stating the underlying DUE TO		
		cause last. (c)		
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
4	FICA	20%. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E		YES NO
	ERTI	ZOB. DESCRIBE HOW INJURY OCCURED. (E PRIMARY — or CONTRIBUTING — CAUSE OF DEATH.	inter neture of injury in Pert I or Pert II of item 18.)	
		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c PLAS	CE OF INTERY (Home form 1 20) (City or town)	(-1-1-)
- 1	EDIC	Hour a.m. While Not While factor	CE OF INJURY (Home, ferm, 20f. (City or town) (Country, street, office bldg., atc.)	unty) (State)
- 1	MEDICAL	Hour a.m. While Not While factor p.m. 19 at work at work	ory, street, office bldg., atc.)	
- 1		Hour a.m. p.m. 19 While Not While at work 21. I certify that I took charge of the remains described above, help	ory, street, office bldg., atc.)	and in my opinion
- 1		Hour a.m. While Not While factor p.m. 19 at work at work	ory, street, office bldg., atc.) Id an Autopsy, Inspection, Inquiry, ide, Homicide, Undetermined manner	
- 1		Hour a.m. p.m. 19 While Not While at work feeto at work wo	id an Autopsy , Inspection , Inquiry , ide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
- 1		Hour a.m. p.m. 19 While at work Sector of the remains described above, held death resulted from: Natural causes Accident Suicident Suicide	ory, street, office bldg., etc.) Indid an Autopsy , Inspection , Inquiry , ide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	and in my opinion
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2		Hour a.m. p.m. 19 While Not While at work feete at work seete at work	ory, street, office bldg., etc.) Id an Autopsy, Inspection, Inquiry, ide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, clty, town, or county) CREMATORY 22d. LOCATION (City, town, or country)	and in my opinion 9/11/6 DATE SIGNED PLUS QUE MIN 2/22
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BH/MILLERE 114 NEWWERS LAND APT B 114 NUMBER LANGE 19131-4 59 STella -Me 28, 1900 68 House mi Fe FRANTIUS OSHIMEKI MARZERITE - 19509-27Th Paul S. Hanshey 114 Humsey Land BURINT Thyle? ST. STANISHOUS KANTICOKE, FA THE KASS STEP DEADER IN

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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P.M.3. Page uny delay is 2, and 3 to

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MESICAL EXAMINER:

the State Department of

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o. COUNTY	BALTIMORI	7	44.00	2. USUAL RESIDENCE o. STATE	(Where deceose aryland	h con	NTV	before odmissi	on)
L CITY OR TOWN			MARYLAND						
	(If outside corporate limit: nd give nearest town)	5,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporat	e limits, write KU	IKAL ond give	neorest town)	-
Towsor			Year	Towson				03	, /
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in hospital, giv	e street oddress)	d. STREET ADDRESS	OT A			e. IS RESII ON A F	DENCE
Acor	n Circle - A	Apt. #30	1	Acorn C	ircle -	Apt #3	01	and the same of th	NO X
. NAME OF	Fi	rst	Middle	Lost	4. DATE	Mon	nth Doy Year		
(Type or print)	EARL		CRANSTON	HARRIS	OF DEATH	Sept	ember	8, 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	8. DATE OF BIRTH	-	AGE (In years	IF UNDER 1	YEAR IF UNDE	
Male	White	WIDOWED T	DIVORCED I	Oct. 31, 19	16	lost birthdoy) 50 yrs.	Months	Doys Hours	Min.
	IN (Give kind of work done	_	OF BUSINESS OR	11. BIRTHPLACE (Stot		7	12. CITI	ZEN OF WHAT	1
during most of working	g life, even if retired)	INDU	ISTRY			,	COU	NTRY?	
Inspec 13. FATHER'S NAME	tor	St	eel	Virg:			1 0,	S.A.	
S. FAIREK S NAME									
	rles Harris			Jenny V	le 11s				
	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of		CIAL SECURITY NO. 1	7. INFORMANT		Addr	ess		
Yes	WW11	n service)	N	irs. Theresa	A. Har	ris 19 A	Acorn C	Circle 2	2120
4200	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	. ,	Arterioscle	rotic heart	lisease	<u> </u>		ONSET AND I	DEATH
	JAMEDIATE CAUSE DUE y, which gove the couse (o),	TO (b)	Arterioscle	rotic heart	lisease	,			
Conditions, if on- rise to immedia stoting the und- last.	IMMEDIATE CAUSE DUE y, which gove the couse (o), erlying couse	TO (b)TO (c)		rotic heart of				19. WAS AUT	OPSY
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TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with VR A15ME (5)

5 may be retained far yaur files.

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RYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 0 F DEATH 12036 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY within 24 hours the d MARYLAND by the b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL end give neerest town ALTIMORE ALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO apers. executed completel 3. NAME OF Middle DECEASED OF (Type or print) DEATH Hathaway OWARD 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. and co last birthdey) Months Deys Hours WIDOWED DIVORCED certificate 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BRICKLAYER 13. FATHER'S NAME attending ERONICA ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address ((Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 (County) (Stete) Month, Dey, Year 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. B saw the deceased alive on...... 22b. DATE 22e. SIGNATURE SIGNED death. Page 4 HOSPITAL 22d. ADDRESS 226 PHYSICIAN'S NAME (Type) director, be filed 23e. BURIAL, CREMATION, | 23b. DATE THEREOF NAME CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 5 F DURIAL 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 MUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

Property of the Control of the Contr CHECKAH CONSTRUCTION CONTRACTOR OF THE WAR THAT The state of the s Maril Strate Marie 1932 - 28 marif & 4500 - allight police from

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12037 CERTIFICATE OF DEATH 12025 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE COUNTY papers. Pages I MARYLANO 24 hours after sicion and completely filled in by the f please remove corbon papers. Pages b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Y YYS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS YES NO certificate be executed within Middle NAME OF DATE Lost Month Year Day DECEASED OF eresa 19 6 (Type or print) DEATH buriol, cremotion, or removol, ond in ony event 9 S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af working life; even if retired) COUNTRY? **INDUSTRY** physicion 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT requires that the death Address (Yes, no, ar unknown) (If yes give wor or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retoined by the hospitol or attending physician. DUE TO Canditians, if any, which gave (b) rise ta immediate couse (o), DUF TO stoting the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to hos been last. 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldq., etc.) Nat While at wark 21. I certify that (1) (this hospital) attended the deceased from 196), to 23 19 6 1 that (1) (we) lost 3 should , and that death occurred of 40/P M, from couses and on the date stated above. sow the deceosed olive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VFW 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) New Cathederal Balto ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) MARCH 928 E NORTH H DATE SEP 20 M 1/66

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12026 CERTIFICATE OF DEATH 12038 **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o COUNTY Baltimone o. STATE b. COUNTY Baltimore Ad in by oppers. Pages 79 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURA+-and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rogers Force 21212 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? ar remaval, and in any event, within 72 145 Stevenson Stevenson Lane YES NO F NAME OF Middle rsician and campleter t please remave carbon DATE Month Doy Year DECEASED Wesman Haynie (Type or print) September IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Jast birthdoy) Months Doys Hours White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? England Sun Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys permit. Then F mma Wesman Wesman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, ng, or unknown) (If yes give war or dotes of service) Family records burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Repetral IMMEDIATE CAUSE (o) DUE TO ARTURIOSCLEROSIS Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse by the haspital ar attending State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from Aug 2, 1960, ta Sept. 28, 1967, that (1) (we) last saw the deceased alive an September 19 1967, and that death accurred at 330, M, from causes and on the date stoted obove. ro Hospital or Attend Page 4 may be retained directar, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) athedral timore. emeteru 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Sons. Towson. DATO CT 5 Paruland

MARYLAND STATE DEPARTMENT OF HEALTH

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			N (if outside corporat and give nearest tow	e limits,	c. LENGTH DF STAY IN 1		c. CITY OR TOWN (corporate	limits, writ			
~1		d. NAME OF HOS	s Forge	N (if not in h	 ospital, give street addres	ss)	d. STREET ADDRES	S				e. IS F	RESIDENC A FARM?
U	3.	-	erbrook Ros			-	302 Ove					YES	ND X
		NAME DF DECEASED (Type or print)	Fir Bryan	rst	Middle M.		Last Healy	4. DA' DF DE	ATH	Sept.	24,	1	Year 9 67
		sex nale	6. COLOR DR RACE	7. MARRIED WIDDWED			/4/1878		9. AGE ((In years II birthday) yrs.	FUNDER 1	YEAR IF UN Days Hou	DER 24 HR
	10a dui	ing most of work	IDN (Give kind of work of ing life, even if retired B.&O. Rail)	1)	IND DF BUSINESS DR		11. BIRTHPLACE (Swanton		ate, or fore	ign country)	12. CIT	IZEN OF WINTRY?	
	13	FATHER'S NAM					14. MOTHER'S MAI Bridg	DEN NAME				- CAL	
	15 (Y	. WAS DECEASED I	VER IN U.S. ARMED FD (If yes give war or dates of	RCES? 16.	SDCIAL SECURITYNO. 1		NFDRMANT . Charles			Address		ale Dal	
		18. CAUSE OF	DEATH [Enter only one	cause per li	ine for (a), (b), and (c).]	PIL	. Chartes	o, ne	ary	002 UV	erbro	INTERVAL	BETWEEN
		PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a)	Recurren	4	cerebral	thro	m bo	sul!		DNSET AN	COS
		gave rise to cause (a), st underlying caus	immediate ating the DUE	(b) / C TD (c)	emaised		argerio	<u>icco</u>	oxes			1	pai
)	CERTIFICATION		IGNIFICANT CONDITIO	NS <u>CONT</u> RIBU	ITING TO DEATH BUT NOT R	ELATE	ED TD THE TERMINAL	DISEASE C	DNDITION	GIVEN IN P	ART 1(a)	19. WAS PERF YES	AUTOPSY DRMED? NO
		20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING AND CAUSE OF DEAT	H IER)	DESCRIBE HOW INJURY DO	CCURF	RED. (Enter nature	of injury in	Part i or	Part II of	item 18.)		
	MEDICAL	20c. TIME OF I Hour a.m		rear 20d. II While at work	Land Marine Land	Ctory,	OF INJURY (Home, , street, office bldg.,	farm, 20f etc.)	. (City or	r town)	(Coun	ty)	(State)
		saw the dec	ceased alive on		ed the deceased from 22.1967, and t	hat d			from the	causes a		date stat	(we) la ted abov
		22a. SIGNATUR	derick !	Volls	mer!	M.D.	ATTENDING PHYS.	MED. DIRECTOR	ST.	AFF YS.	Sep	+25,	1967
		NAME (Ty	ne)	l Vollm	er			York	Road	i			
	238	Burial	9/27	HEREDF	St. Peters	ERY O			Weste	N (City, tow ernpor	t, N	laryla	
	24			d Home	ADDRESS 6500 York Re	nad			GISTRAR	25b. REC	GISTRAR'S	SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12028 CERTIFICATE OF DEATH 12648 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COLINTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Rodgers Forge
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) filled in by d. STREET ADDRESS e IS RESIDENCE ON A FARM? 302 Overbrook Road 302 Overbrook Road YES NO T 4. DATE 3. NAME OF Middle Lost Month completely love carbox Doy Year DECEASED LUCRETIA (Type or print) HEALY DEATH 9/16/67 19 IF UNDER 24 HRS. S. SEX 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Ve lost birthday) Months Dovs Female White WIDOWED DIVORCED October 1st.1892 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Homemaker INDUSTRY COUNTRY? West Va. Junction, W. Va. 14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME Josuah Spicer Mary Mane 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address no----Mr. Chas. J. Healy-302 Overbrook Rd-12 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY londueres IMMEDIATE CAUSE (o) attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) AEDICAL CERTIFICATION NO W for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (I) (this hospital) ottended the deceased from_ , 1962, to Sept. 16, 1967, that (1) (we) lost tan Sept 15 1962, and that death accurred at 3:30 MM, from causes and an the date stated above saw the deceased alive an_____ 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frederick J. Vollmer 6100 York Rd-12 MD 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify)
Burial St. Peters Cem 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. 6500 York Rd-12 VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12030 12042 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) p. COUNTY o STATE b. COUNTY completely filled in by the fune love carbon papers. Pages 1 c y event within 72 haurs after d Baltimore MARYLAND Maryland
c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 4 Mo. 28 Days Lutherville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Azalea Lane 21220 YES NO IX College Manor NAME OF Middle 4. DATE Doy Year completely DECEASED (Type or print) DEATH 19 67 Hennessy Edward IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years remove Months Hours WIDOWED 3 DIVORCED I2- 7- 88 Mala White
10o. USUAL OCCUPATION (Give kind of work done White pup 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired)

Construction Supervisor COUNTRY? A **INDUSTRY** Jersey City, New Jersey 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, attending phy permit. Then Ellen Graham Hennessy TO WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Delaware (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Daniel Friel Box 3795 Greenville 212-03-8881 no 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: MTERVAL BETWEEN NSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) toJan 21. I certify that (1) (this hospital) attended the deceased from 1000 196 19 6 /, and that death accurred of 1010 PM, from causes and on the date stated abave. saw the deceased alive an 22o. /SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 0 Parkville Balto Co. Burial Parkwood 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR & Sons Co VR A15 (4) H.W. Jenkins

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-	Item 9 Film G393 9/28/67 kk CERTIFICATE	OF DEATH	43
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4	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest fown) Reisterstown 6 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
-		d. STREET ADDRESS	. IS RESIDENCE
0		Box 243 Ducketsville Rd.	YES NO
	B. NAME OF First Middle DECEASED (Type or print) HAY VY / Lev	Last 4. DATE Month Day When t DEATH Sept. 6	Year 19 67
5	Mole Nemo -7	TE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) 10 Know N 90 yrs.	Hours Min.
1	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN (OF WHAT COUNTS
1	13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
	Kuknown	Unknown	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	PRMANT Address Reist	erstown
	Unknown Bent	MO.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Vo A A	TERVAL BETWEEN
	IMMEDIATE CAUSE (a) Urling allralic	reare visene	gears
	Conditions, if ony, which \ (b) Incumous		7 days
	gave rise to immediate ceuse (a), stating the underlying DUE TO		
7	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	A TEN TO THE TERMINAL DISEASE CONDITION CIVEN IN PART VAL	10 WAS ALITORS
CATION	TAKE III OF THE STATE OF THE CONTINUOUS CONTINUOUS TO BEATING OF THE CONTINUOUS T	TO THE TEXMINAL DISEASE CONDITION GIVEN IN PART (18)	PERFORMED?
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MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 While Not While at work at work	OF INJURY (Home, farm, 20f. (City or town) (County)	(Stata)
	21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) I
	saw the deceased alive on 190, and that death	th occurred a 50 M, from the causes and on the da	te stated above
	() & //19) //	ATTENDING MED. STAFF PHYS. 9-	6-6-SIGN
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	22c. PHYSICIAN'S NAME (Typa)	220. ADDRESS Herston Maryland	
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12033 12045 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COLINTY o. STATE b. COUNTY Baltimore Maryland Baltimore papers. Poges I in 72 haurs after MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? 2. d. STREET ADDRESS 12 Elmont Avenue St. Joseph's Hospital YES NO 27 206 NAME OF Middle 4. DATE Last Manth remave carbon Day Year DECEASED 12 Otto C. Hinz event, 19 67 (Type or print) DEATH IF UNDER 1 YEAR SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths Haurs White 7-7-1893 Male WIDOWED K DIVORCED burial, crematian, or remaval, and in any and 1Do. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT Embrodery Co. U.S.A. attending physician sermit. Then please Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Hinz Louise Holtz 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war ar dates af service) 17 INFORMANT 16 SOCIAL SECURITY NO. permit. 212-01-6866 Miss Dorothy L. Hinz 12 Elmont Anemue #6 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the hospital ar attending physician. signed by DUE TO Canditions, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying cause as the State Dept. of Health prior to has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YES [NO certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Doy, Year (City ar tawn) (County) (State) Nat While foctory, street, office bldg., etc.) at wark at wark **DIRECTOR:** After 21. I certify that (1) (this hospital) attended the deceased fram hely 1957, to 2014, 12, 1967, that (1) (we) last directar, page 3 shauld should be filed with the At. 6, 1967, and that death accurred at SIVIDEM, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS. 22c PHYSICIAN'S 22d ADDRESS FUNERAL NAME (Type) 21206 4636 Belair Road Michael Dausch 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (State) (County) REMOVAL (Specify) Gardens of Faith Cemetery Baltimore. Md. 0 9-15-1967 Co. 2Sa. REC'D BY REGISTRAR _2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE SEP HALR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12046 12034 FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY DAT QUELLE o. COUNTY O. STATE MARYLAND ond 3 to M3. Page BALTIMORE MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) P.M3 write RURAL and give nearest town) 77 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Give Poges 1, Greater B Itimore Medical Center NO IX ofter deoth. with NAME OF 29 Day First Year DECEASED DEATH September MAY BARCLAY HOBBS 29 19 67 (Type or print) 9. AGE (In years 8 birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 4/7/1881 in pencil in Item 18. WIDOWED X DIVORCED White This certificate should be executed within 24 hours Female Office 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) any event within 72 hours after Baltimore, Maryland NONE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARCUS C. BARCLAY ANNIE WHICE 17. INFORMANT: Niece 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates of service) 220-44-4933 Mrs. G. E. Lindsay 1208 Brookmeadow Dr. NO 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) the certificate, writing the word DUE TO Conditions, if any, which gave rise to immediate couse (a), be forworded to = DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS cremotion, or removal, PERFORMED? 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY ar CONTRIBUTING TO DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year Not While foctory, street, office bldg, etc.) While ot wark FUNERAL DIRECTOR: Poge 10WESOM at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and in my apinian death resulted from: Noturel couses Accident Homicide . Undetermined monner Suicide CHIEF MEDICAL EXAMINER SIGNATURE 22./DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles F. O'Bonnell, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23h. DATE THEREOF 23d. LOCATION (City or Town) 0 REMOVAL (Specify) Pikesville, Maryland Druid Ridge Sept. 30, 1967 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME 1967 DATE OCT 2 Stewart & Mowen Co., 108 W. North Av., Balto. 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12035 CERTIFICATE OF DEATH 72047 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE h. COUNTY Baltimore MARYLAND Maryland Baltimore c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, the ottending physician and completely filled in by the sit permit. Then please remove carbo papers. Page nation, or removal, and in anyleygat, within 72 hours af write RURAL and give nearest tawn) The low requires that the death certificate be executed within 24 hours 2 vears e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 306 Stevenson Lane 306 Stevenson LAne NO Y 4. DATE 3 NAME OF Lost Day Year event wi DECEASED MILTON HODES DEATH September (Type or print) AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours Male WIDOWED DIVORCED Dec. 10.1891 White 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Certified Public Acct Dept. of Welfare Baltimore Maryland
14. MOTHER'S MAIDEN NAME II S A 13. FATHER'S NAME Jacob Hodes Emma E. Kuhlmann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 218-36-9350 Mrs. Gertrude K. Hodes Same No cremotion, INTERVAL BETWEEN ONSET AND DEATH MINUTES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which gave Arteriosclerotic Cardiovascular Disease vears rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Haur a.m. Nat While factory, street, affice blda., etc.) ot work be retained by 21. I certify that (I) (this character) cattended the deceased from January, 19 67, to September 91967, that (I) (WS) last saw the deceased glive on September 719 67, and that death occurred of 11:45 M, from courses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** 9-11-67 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. S.J. Venable. Jr. 7215 York Rd. Baltimore. director, should b 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL CREMATION REMOVAL (Specify) Baltimore Md STRAR 25b. REGISTRAR'S SIGNATURE Lundon Park Burial 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Willander VR A15 (4) 20 M 1/66 Mitchell-Wiedefeld Home, Inc. 6500 York Rd. 196 DATSEP

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1 3	MARYLAND STATE DEPARTMENT OF HEALTH	
M	12037 Item #7 Film #6393 CERTIFICATE OF DEATH	
nours ofter deoth n by the funeral s. Pages I and A hours ofter death	1. PLACE OF DEATH O. COUNTY D. STATE D. CITY OR TOWN (If outside corporate limits, O. LITY OR TOWN (If outside corporate limits, O. CLENGTH OF STAY IN 1b O. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	1
24 hours agers. Pagers. Pagers.	write RURAL and give nearest town) 2 Da +5 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 50 R. Na Gerse State Has estal. 2 13 Holling sussett Moves YES NO	
the death certificote be executed within 24 hours ofter death the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and mation, or removal, and in any event, within 72 hours ofter death	3. NAME OF DECEASED (Type or print) First Discrete Services of DEATH Grant Ser	7 4 HRS. Min.
ote be exectician and college remoonly	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or lareign country) 11. BIRTHPLACE (County & State, or lareign country) 12. CITIZEN OF WHAT COUNTRY?	min.
ath certific nding physi iit. Then p or removal,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (If yes, give, war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address	
equires the physicion. signed by burial-tror burial-tror burial-tror burial-tror	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	EN TH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED PERFORMED YES NOT NOT CONTRIBUTING OR CONTRIBUTION) SY
SPITAL OR ATTENDING PHYSICIAN: 4 moy be retoined by the hospital or IERAL DIRECTOR: After this certificate or, page 3 should be detached for u Id be filed with the State Dept. of Heal	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 21. I certify that (I) (this haspital) attended the deceased fram 1967, and that death accurred at 1967, that (I) (was saw the deceased alive an 1967, and that death accurred at 1967 M, fram causes and an the date stated at	e) las
PITAL OR ATI moy be retoin RAL DIRECTO r, page 3 sho be filed with	22a. SIGNATURE S. E. Kepas M.D. ATTENDING MED. DIRECTOR PHYS 9.67 22c. PHYSICIAN'S NAME (Type) D. m. + Rius E. Kepas 22d. ADDRESS	7
TO HOSP TO HOSP AND A STREET OF THE STREET O	230. BURIAL (REMATION, PRINCE POR PARTIES PROPERTY OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State Prince Por Parties Por Parties Prince Por Parties Prince Por Parties Por Par	e)

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23co NAME OF REMETERY OR CHEMATORY

PALTO NATIONAL

Page 4 may be retained by the hospital ar attending physician. FUNERAL DIRECTOR: After this certificate has been director, p 2 VR A15 (4)

23a. BURIAL, CREMATION,

23b. DATE THEREOF

12050 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTIE ARUNDEL c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) IS RESIDENCE ON A FARM? NO TX Year 67 SEPTEMBER 9 IF UNDER 1 YEAR Haurs 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN DEATH MERCHE 19. WAS AUTOPSY PI-FORMED? NO 3 (County) (State) and that death accurred a 10:05 PM, fram causes and an the date stated above. 22b. DATE SIGNED VAH FORT HOWARD, MARYLAND

BALTIMORE, MARYLAND

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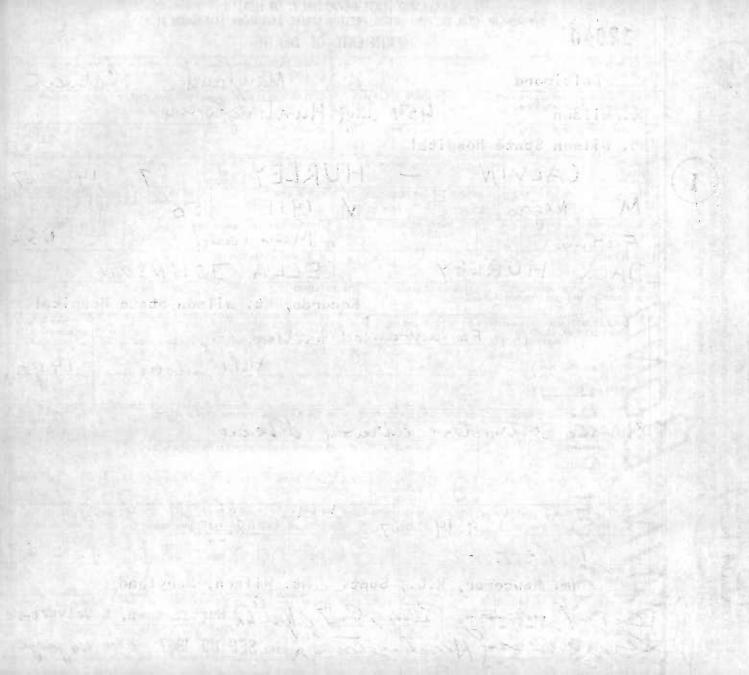
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4-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	12033 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before addressed lived.	
f ony delay is 1, 2, and 3 to rm PM3. Page	b. CITY OR TOWN (II autside carparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (II autside carparate limits, write RURAL and give nearest tawn) Dundalk c. CITY OR TOWN (II autside carparate limits, write RURAL and give nearest tawn) Dundalk	-Con
ss 1, 2, 2 form P form P P P P P P P P P P P P P P P P P P P		RESIDENCE N A FARM? NO X
haurs after death. If of them 18. Give Pages 1, Office along with farm I and 2 with the State De r degrin.	3. NAME OF First Middle Lost 4. DATE Month Day OF September 14	Year 1967
haurs after Item 18. Gi Office alang 1 and 2 with	5. SEX 6. COLOR OR RACE 7. MARRIED AND NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF I	UNDER 24 HRS.
24 haurs in Item 18 r's Office ess 1 and 2	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State ar fareign cauntry) 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WH COUNTRY? U.S. A	AT A
within 24 in pencil in Examiner's File pages 2 hours after	13. FATHER'S NAME William Koerber 14. MOTHER'S MAIDEN NAME Frances Wood	
executed or noting" in Medical Experient. Fi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 217-22-4176 16. SOCIAL SECURITY NO. 217-22-4176 17. INFORMANT(Husband) Address Dundalk, I	Md.
INER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Destion, ar remayal, and in any event within 72 hours after death.		AND DEATH
this certificate, writing farwards be used cemaval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PER YES	S AUTOPSY FORMED?
EXAMINER: This cert ute the certificate, wrigage 4 should be farwally your files. Page 3 should be used cremation, ar remaval,	PER YES [20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)	
EXAMINER: cute the certificate of the certification	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19 20d. INJURY OCCURRED While at wark at wark at wark	(State)
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certification the funeral director. Page 4 should be 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be Health prior to burial, cremation, or rem	deoth resulted from: Natural couses X, Accident , Suicide , Homicide , Undetermined monner ACTUAL SIGNATURE	Rd. DATE SIGNED
To De the the the the the the the the the th	23a. BURIAL CREMATION, PEMOVALIS (Specify) 9/18/67 Orems Methodist Church Cem. Baltimore, Md.	(State)
VR A 15ME (5)	John J. Duda, 7922 Wise Ave. Dundalk, Md. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REC'D BY REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE	14

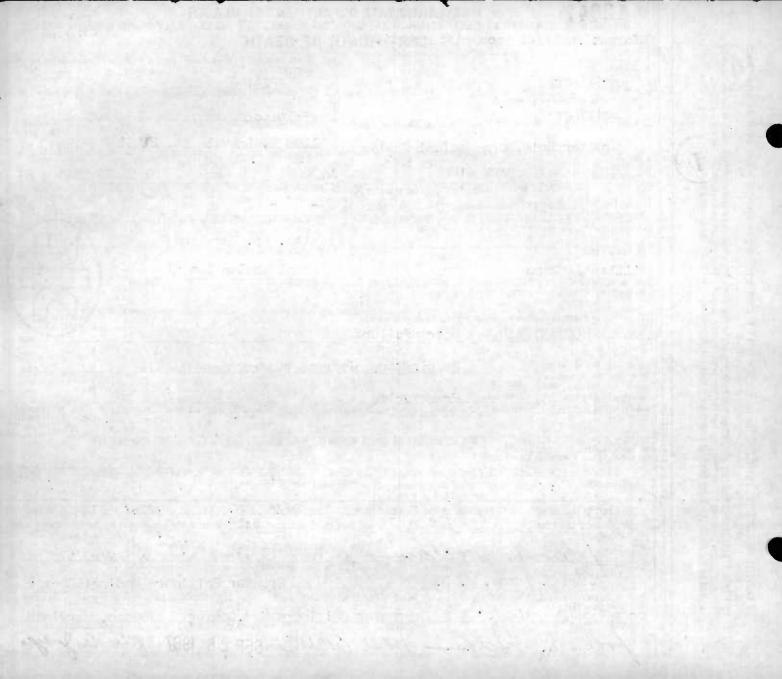
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	PLACE OF DEATH a. COUNTY				I	2. USUAL RESID	ENCE (Wh	ere decea		If institut	ion: Residenc	e before adm	isșlo
	Baltimore			MARYLA	AND	Mary					-	-c/	
	 CITY OR TOWN (if outside of write RURAL and give near 	corporate limits rest town)	, C. LEN	NGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outsid	e corpo	orate limit	s, write R	RURAL and gl	ve nearest	town
	Baltimore					d. STREET ADDR	ore					30-	4
	d. NAME OF HOSPITAL OR INS Greater Bai					1108 E.		ale	St. 2	21202		ON A FA	DENC RM?
3.	NAME OF DECEASED	First		Middle		Last	4.	DATE		Vionth	Day		
	(Type or print)	BABY (JACKSON		DF DEATH		9	26	19 6	
		R RACE 7. MAR	RIED NE	VER MARRIED	X 8	. DATE OF BIRTH	-	9.	AGE (In ye	ears IF U	NDER 1 YEAR	Hours	24 HR Min
	Female Negr			DIVORCED			67		_ yı	rs.	-	6 1	Ö
.0a. juri	USUAL OCCUPATION (Give kind ng most of working life, even i	of work done 1 f retired)	Ob. KIND OF INDUSTR	BUSINESS OR		11. BIRTHPLACE	(County &	State, o	r foreign co	ountry)	12. CITIZEN COUNTRY	OF WHAT	
- 0						Balto. C	o. Ma	ryla	and		<u> </u>		
13.	FATHER'S NAME					14. MOTHER'S N							
15	William Jackson					Ethel T	helma	Lee					
Yes	WAS DECEASED EVER IN U.S. AR , no, or unkown) (If yes give war	RMED FORCES? or dates of service)	16. SOCIAL	SECURITY NO.	17.	INFORMANT			A	ddress			
1	18. CAUSE OF DEATH [Enter	only one cause	per line for ((a), (b), and (c).	1						INT	ERVAL BETV	VEEN
4	PART I. DEATH WAS CAU			failur							ONS	SET AND OF	ATH
	7625	DUE TO		1000								a veni	
	Conditions, If any, which	(b)	Respi	ratory	dist	ress sync	rome	and	anox	ia			
	gave rise to immediate cause (a), stating the	DUE TO	100										
	underlying cause last.	(c)	Prema	turity					44.				
CERTIFICATION	PART II. OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO	D DEATH BUT NO	TRELAT	ED TO THE TERMIN	AL DISEAS	E COND I	TIONGIVE	N IN PART		WAS AUTOPERFORM	OPSY ED?
=	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH EXAMINER)	DESCRIB	BE HOW INJURY	OCCUR	RED. (Enter natur	of Injury	In Pari	t I or Part	l II of Ite	em 18.)		
CER	20c. TIME OF INJURY Monti	h, Day, Year 2	Od. INJURY C	OCCURRED 20	e. PLAC	E OF INJURY (Home	, farm,	20f. (C	Ity or tow	n)	(County)	(Sta	ate)
	Hour a.m.	V	Vhile No	t While work	ractor	y, su ect, onice biog	., 610.)						
	p.m.	19 at	work at						0	1261	1967, t	hat (I) (we) la
ь І.					m	9/26	1967	. to	9			e stated a	
	21. I certify that (I) (the saw the deceased alive	is hospital) at		deceased fro	m d that	9/26 death occurred	1967 6:45P	, to M, fron	n the cau				
	21. I certify that (I) (th	is hospital) at	tended the	deceased fro	m d that	death occurred	6.45P	M, fron	n the cau		b. DATE SI	GNED	
	21. I certify that (I) (the saw the deceased alive 22a. SIGNATURE	is hospital) at	tended the	deceased fro	md that	ATTENDING PHYS.	MED.	, to M, fron	staff				
	21. I certify that (I) (the saw the deceased alive 22a. SIGNATURE 22c. PHYSICIANS 22c. PHYSICI	is hospital) at on	tended the 9/26	deceased fro	d that	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECT	M, fron	STAFF PHYS.	X 22	b. DATE SI 9/26/6	57	
MEOICAL	21. I certify that (I) (the saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) F.	is hospital) at on Z. /	tended the 9/26 Acla	deceased fro 19_67_, and	d that	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECT	M, from	STAFF PHYS.	e Med	b. DATE SI 9/26/6 lical (57 Center	
	21. I certify that (I) (th saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) BURIAL (Specify) BURIAL (Specify)	is hospital) at on	tended the 9/26 Acla	deceased fro 19_67_, and	M.D.	ATTENDING PHYS. 22d. ADDRESS Gre	MED. DIRECT	M, from	STAFF PHYS.	e Med	9/26/6 lical (or county)	57 Center (Stat	
wenical	21. I certify that (I) (th saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. REMOVAL (Specify) Cremation	is hospital) at on Z. /	tended the 9/26 A. D. 23c.	deceased fro 19_67_, and	M.D.	ATTENDING PHYS. 22d. ADDRESS Gre OR CREMATORY	MED. DIRECT	Bald	STAFF PHYS. Limore ATION (CIT	e Med	9/26/6 lical (or county)	Center (state	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12042

CERTIFICATE OF DEATH

12855

requires that the deoth certificate be executed within 24 hours after death. by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) degr o. COUNTY o. STATE b. COUNTY BAINTMORE BALTIMORE MARYLAND hours ofter Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) 8 DAYS FORT HOWARD BALTIMORE - Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) .= d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 1728 BURNHAM ROAD within YFS NOT remove corbon, NAME OF First Middle Lost DATE Month Doy Year completely DECEASED FLOYD BLOXION JACKSON SEPTOMBER 1967 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months birthdoy) Dovs Hours MARCH 23, 1908 MALE WHITTE WIDOWED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR edse during most of working life, even if retired) hlehem Steel Co. SNOWHILL, MARYIAND GENERATOR TENDER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. JAMES B. JACKSON MARGARET WHITE WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 220 09 16 84 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RECEIMP DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY **BRONCHOPNEUMONIA** IMMEDIATE CAUSE (o' signed by the hospital or ottending physician. 20000 buriol, Conditions, if ony, which gove SURGICAL ABSENCE UPPER END OF ESOPHAGUS rise to immediate couse (a). PER CIR stoting the underlying couse METASTATIC CARCINOMA LIVER. LYMPH NODES AND ADRENALS WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has PERFORMED? ARTERIOSCIEROTIC HEART DISEASE. of Health THARYNGO ILEOSTOMY AND MASTROESTOMY YES A NO 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (13c(this hospital) attended the deceased from_ 8/31/67 be retained 9/8/67 and that death accurred at2:30AM, from causes and an the date stated obave saw the deceased alive an 19 DIRECTOR: 22b. DATE SIGNED 22o, SIGNATURE 9/8/67 PHYS DIRECTOR 22d. **ADDRESS** Page 4 moy b 22c. PHYSICIAN'S O FUNERAL GEORGE DUDAS, M. VAH FORT HOWARD, MARYIAND NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) 9/12/67 BALTIMORE NATIONAL Cem. BALTIMORE, MARYLAND ADDRESS 24. FUNERAL DIRECTOR John J. Duda NISE AVENUE, BALTIMORE, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12056 12043 CERTIFICATE OF DEATH death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS filled 1004 Leeds Avenue 1004 Leeds Avenue YES NO X NAME OF Middle 4 DATE Last Manth Day Year DECEASED Thomas DEATH September 24, Hardy Jarvis 19 67 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED X 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH NEVER MARRIED remave 84 birthdoy) White Male. 11-1-1882 and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired)
Retired INDUSTRY attending physician permit. Then please Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaval, Thomas Hardy Jarvis. Sallie Robertson 15. WAS DECEASED EVER IN.U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service) 5 217-46-4228 Mr. Curtis S. Jarvis, 900 Bardswell Rd. 2122 crematian, the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (1) (this haspital) attended the deceased fram 172:196 That (1) (we) last Z. ta 196 , and that death accurred at SCAM, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Paul Byerly 5820 York Road, Balto., Md. 21212 shauld 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BOTAL (Specify) 9-27-1967 Meadowridge Cemetery Howard County, Maryland 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 21229 Howard H. Hubbard, 4107 Wilkens Avenue Milanley DATE SEP 28 1967

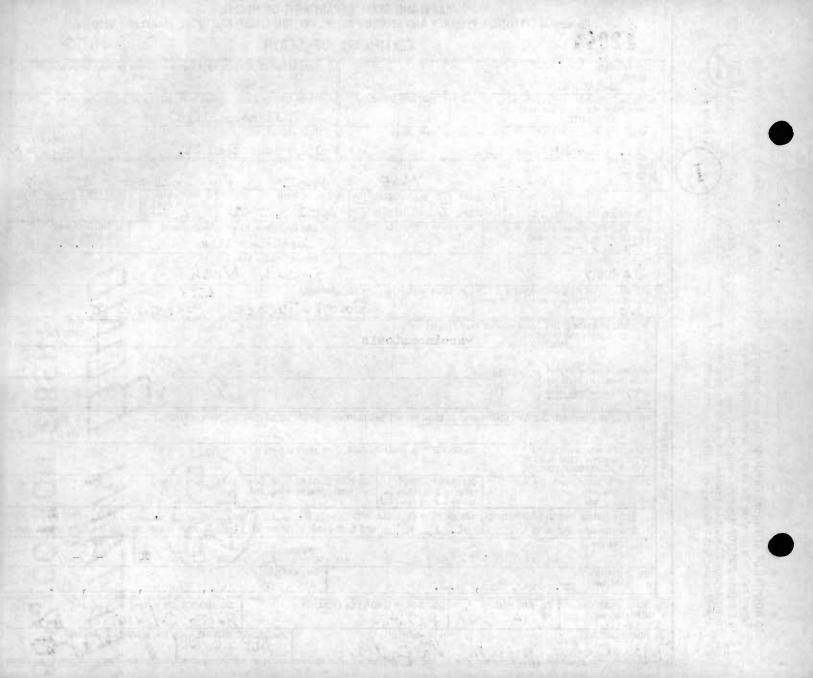
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12057 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) e. IS RESIDENCE ON A FARM? YES NO NO Day Year September 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? A. Honestead St. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO (County) (State)

1967, that (4 (we) last

22b. DATE SIGNED 9-15-67

(State)



Pages 1 and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 half after deather

VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 hours at Poge 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12058

12045

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY BAT	TIMORE	MARYLAND	a. STATE		ution: Residence befare admission) UNTY
b. CITY OR TOWN	If outside corparate limits, d nive neorest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside corparate limits, write f	CURAL and give nearest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
VETERANS	ADMINISTRATION H	OSPITAL	220 N. W	ASHINGTON STRE	ON A FARM?
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle	JOHNSON Lost	4. DATE Mo	inth Day Year
S. SEX	6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 B
MALE		DIVORCED	10/25/18	last birthdoy)	Months Days Hours Mi
	N (Give kind of work done 10b. KI	ND OF BUSINESS OR		ty & Stote, or foreign cauntry)	12. CITIZEN OF WHAT
during most of working	life, even if refired)	DUSTRY	BALITIMO	RE, MARYLAND	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDER		, 000000
WILLIAM	JOHNSON		SUSAI	N HOLLAND	
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		dress
(1es, no at unknown)	(If yes give war or dates of service) 2	18 07 03 64 0	LIN RECORDS	. VA HOSPITAT	FT HOWARD MD.
Canditions, if ony rise to immediate stoting the under lost.	te couse (a),	Inoma esophag	US WITH TRA	CHEO ESOPHAGEA	L FISTULA 8 MON
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ADENOCA	IRCINOMA STOMACH.	METASTATIC C	ARCINOMA LU	ngs and region	IAL NODES YES NO
CIE FITHER NOTIFY	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury i	n Part I ar Port II of item IB.)	
20c. TIME OF INJ	m. While	Not While for	ACE OF INJURY (Hame, fo	c.)	(Caunty) (State
	fy that (1) (this haspital) attended eceased give an 9/20		8/22/67 at death accurred o	19 ta 9/20/01 7:05 AM fram cause:	57 , 19, that ¾) (we) s and an the date stated ab
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saw the d 22a. SIGNATURE	Mun	KAN	I.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	Mun	M CM	D. PHYS. L		22b. DATE SIGNED 9/20/67
22a. SIGNATURE 22c. PHYSICIAN'S	RODOLFO MIRO, ON, 23b, DATE THEREOF	M. D. 23c. NAME OF CEMETERY OR BALTIMORE	D. PHYS. 22d. ADDRESS VAH	FORT HOWARD, 1 23d. LOCATION (City or BALTIMORE.	22b. DATE SIGNED 9/20/67 MARYIAND fown) (County) (State)

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. ned in by the funeral pers. Pages 1 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove care pshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12046 CERTIFICATE OF DEATH

1.	a. COUNTY	n Baltimore	e		MARYLAND	2. USUAL a. STA	TE 14	e (Where	deceased lived, It	DUNTY B	residence alto.	before ad	mission)
	b. CITY OR TOW write RURAL	N (if outside con and give neares	rporate limits, it town)	c. LENGTH	OF STAY IN 1b	c. CITY DE	Towso		corporate limits	write RURAI	and giv	e neares	t town)
			TUTION (if not	In hospital, give	street address)	d. STREET	ADDRESS				0	. IS RES	
		Providen		!			808	Prov	idence R	oad	Y	ON A F	NOXEX.
3.	NAME DF DECEASED (Type or print)	F1	First	M 4	Johnsto	Last		4. DAT OF DEA	-	onth Lember	Day	Yea 19 (1-
5.	SEX	6. COLOR OR R		RIED NEVER		B. DATE OF	BIRTH		9. AGE (In year		1 YEAR		
1	emale	white	WIDO		DIVORCED	8-4-	-12		last birthda		Days	Hours	Min.
10a	INCLUSION OF WORK	ION (Give kind of	work done 11	Db. KIND OF BUSI	INESS OR	11. BIRTI	IPLACE (Co	unty & Sta	ite, or foreign cou	ntry) 12. C	ITIZEN (
3	Schoolte	1		ounty Sc	hools	De	laware			- a	SA		
13.	FATHER'S NAM	IE		9		14. MOTH	ER'S MAIDI	EN NAME					
	Cha	rles Hon	n			A	nn Bax	ter					
15	. WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SEC	URITYNO. 17.	INFORMANT			Add	iress			
	no	none	rates of service)	220-20-8	948	Family	y rew	rds	die k	. 73			
				per line for (a), (l	b), and (c).]		/ /		-			RVAL BET	
	PART I. DE	EATH WAS CAUSE IMMEDIATE CA		Rhey	mater	16	927	Des	ess		01431	940	ans
	4/6 X		DUE TO				-		- 100			1	
	Conditions, If		(b)										
	gave rise to cause (a), si		DUE TO				=-11						
	underlying caus		(c)								100		
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ICAT	Hy	,	sive (Pardior	rasculo	01 6	Uses	ing			YES		NO M
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, ND	WAS UNDERLYING CAUSE OF TIFY MEDICAL EX	IG 20 DEATH XAMINER)	b. DESCRIBE H	DW INJURY OCCU	IRRED. (Ente	r nature of	Injury In	Part 1 or Part	l of Item 18	3.)		
CAL		INJURY Month,	Day, Year 2	od. INJURY OCCU	RRED 20e. PLA	CE OF INJUR	Y (Home, far	rm, 20f.	(City or town) (Co	unty)	(S	tate)
MEDICAL	Hour a.r			hile Not Wh	116	ry, street, off	ice bidg., et	(C.)					
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	22c. PHYSICIA NAME (T)		-		44 0	22d. A	DDRESS			7	,		
	NAME (I)	ype) L. My	rton Go	rines fro	M.U.		7800 9	lonk	Road	lowso	n		
238	BURIAL, CREM	ATION, 23b. D	ATE THEREOF	23c. NA	WE OF CEMETERY	OR CREMAT	ORY	23d.	LOCATION (City	, town or co	unty)	(St	ate)
	Burial (Spi	9-1	7-67	More	Land Niem	orial.	Park		Parkvill	e	Nd.		
24	. FUNERAL DIRE	_			RESS	4.1	25a. REC	D BY RE	GISTRAR 25b.	REGISTRAR	'S SIGNI	TURE	u.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12048 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND The law requires that the death certificate be executed within 24 hours ofter b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)

FORT HOWARD c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) DAYS BALTIMORE .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? filled 3509 E. BALTIMORE STREET VETERANS ADMINISTRATION HOSPITAL NO X NAME OF combon First Middle 4. DATE Month Year ent wu completely DECEASED RAYMOND **JORDAN** GEORGE SEPTEMBER 67 (Type or print) DEATH 19 S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 9. AGE (In years remove birthday Days Hours 10/28/92 WHITE MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY. BALTIMORE, MARYLAND GASTELEC. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova WILLIAM G. JORDAN MARY A. PRESTON 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dates of service) 212 07 60 97 CLINICAL RECORDS, VAH. FT. HOWARD. YES MD. 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ACTION DEATH INFARCTION OF MYOCARDIUM IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave ACUITE ARTERIOSCIEROTIC CORONARY THROMBOSIS rise to immediate couse (a). DUE TO stating the underlying couse offending Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Poge 4 may be retained by the haspitol or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) **DIRECTOR:** After this Hour 'a.m. Nat While factory, street, affice bldg., etc.) at work 21. I certify that (15 (this haspital) attended the deceased fram 9/12/67 19 ____, and t 1:25 From causes and an the date stoted above director, page 3 should should should be filed with the saw the deceased alive on and that death accurred at-220. SIGNATURE 22b. DATE SIGNED MED. ... DIRECTOR ATTENDING 9/13/67 M.D. VAH FORT HOWARD, MARYIAND 22c. PHYSICIAN'S FUNERAL JUVAN, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) BALTIMORE, MARYLAND 2 BURTAL BALTIMORE NATIONAL 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12062 PLACE DF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY MARYLAND aft b. CITY DR TDWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL/and give/nearest town) hours completely filled in we carbon papers. event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION lif not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO 1 YES executed within 3. NAME DE Middle Last 4. DATE Month DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR DR RACE emove. DATE OF BIRTH AGE (In fears | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED lease remove WIDOWED DIVORCED physician a 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIBTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) certificate FATHER'S NAME MOTHER'S MAIDEN NAM 14. removal attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INEDRMAN the attent t permit. 0 (Yes, no Ar Johkown) (If yes give war or dates of service) cremation, CAUSE DF DEATH [Enter only one cause per line for (a), requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial, DUE TO been significant Conditions, If any, which for use as the b Health prior to b gave rise to immediate DUE TD cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: this cerum detached for DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) I be detached State Dept. of MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) should be Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at 5: 150M. from the causes and on the date stated above. saw the deceased alive on 19.6 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed v MED. DIRECTOR PHYS. TO FUNERAL 22d. 22c. PHYSICIAN'S **ADDRESS** (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) REC'D BY REGISTRAR 25b. VR A15 (4) 2DM 1/65

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12063 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND Baltimore Maryl and Baltimore afte by the tr b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) illed in by ... popers. Page 72 hours a write RURAL and give nearest tawn) Fullerton Fullerton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? event, within 72 filled LLOW Fitch Avenue 7308 Old Harford Road 34 yes NO EX 3. NAME OF Middle nove corban First Last DATE Month Dov Year DECEASED Dolly H. Kern 19 67 (Type or print) DEATH SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Dovs Hours emal e White 12-7-1895 WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT ond in INDUSTRY Houeswife pleose COUNTRY? .S.A. attending physicion sermit. Then please Marvl and Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol. Thomas Dickerson Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) Mr Maurice Sommerman 4404 Fitch Avenue None No 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (o) by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physicion. DUE TO signed buriol Conditions, if ony, which gove rise to immediate couse (a). DUF TO prior to stating the underlying couse os the has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS CERTIFICATION PERFORMED? of Health YES NO certificote For 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) FUNERAL DIRECTOR: After this Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased fram 1960 to , 1962, that (1) (we) last 3 should with the 3 1967, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR filed PHYS. director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md. Parkwood Cemetery Baltimore, Co. 9 9-7-1967 Buria 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12064 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY Baltimore Md. MARYI AND al timore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ξ Baltimore days papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE in 72 24 ON A FARM? K ON Greater Baltimore Medical Center within etely E T 3. NAME OF DATE Month Last Day Year DECEASED S II. (Type or print) William DEATH Joseph Kern Sept. 16 19 67 executed SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. reprove Months | Days Hours and WIDOWED T W DIVORCED -17-1889 yrs. 10a. USUAL OCCUPATION (Give kind of work done ! Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) The law requires that the death certificate be INDUSTRY Office Clerk Railway Express New York. II.S removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then Jacob Kern Mary Qualters igned by the attend ial-transit permit. ial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 21236 (Yes, no, or unkown) (If yes give war or dates of service) No 714-19-2538 Mrs M. F. Sommerman Wol Fitch Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO Cenditions, If any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hall hed for use of Health p WAS AUTOPSY PERFORMED? Diabetes Mellitus YES To NO I and Carcinoma of right lung
DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I of Part II of Item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the Dept. of F MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While After Not While ATTENDING at work at work retained P 21. I certify that (I) (this hospital) attended the deceased from August 30, 1967, to Sept. 16, 1967, that (I) (we) last DIRECTOR: Jage 3 should lied with the and that death occurred at .. 10 M. from the causes and on the date stated above. saw the deceased alive on Sent 16 1967 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. Page 4 may Sept. 17, 1967 pa PHYS/CIAN'S NAME (Type) FUNERAL 22c. 22d. ADDRESS director, p John E. Adams, M.D. Charles Street, 21204 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Burial REC'D BY REGISTRAR | 25b. Maryland FUNERAL DIRECTOR

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12052 CERTIFICATE OF DEATH low requires that the deoth certificate be executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND physician and completely filled in by the f ien please remove corben pagers. Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) 2 hours BALTIMORE TIMORE d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street alidress) ON A FARM YES NO D within 3 NAME OF Middle 4. DATE Day last Month Year DECEASED 19 (Type or print) DEATH S. SEX DATE OF BIRTH AGE (Myears IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Manths Haurs ond in ony WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? SALESWAAR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo ABRA 0,001 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE DUE TO signed Canditians, if any, which gave rise ta immediate cause (a), DUF TO hos been see os the bethe the prior to be stating the underlying cause be retained by the hospitol or attending lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO this certificote 5 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) factory, street, affice bldg., etc.) Haur a.m. Nat While TO FUNERAL DIRECTOR: After at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 19___, that (I) (we) last 3 should I with the S 19 67, and that death accurred at 115 M, fram causes and on the date stated above. saw the deceased alive an Seat 11 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. poge 3 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles

MARYLAND STATE DEPARTMENT OF HEALTH

12053

Bal timore

1. PLACE OF DEATH

o. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b.

o. STATE Maryland

12066

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12054 12067 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH BEPT. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH Balte, Co o. COUNTY a. STATE b. COUNTY Baltimore MARYLAND delay b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) M3 Lansdowne - 6 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? Office olong with form 2220 Gaylawn Drive 21 227 Beth, Steel Hesp, Sp. Pt. Md Item 18. Give Poges he State YES NO be executed within 24 hours ofter death. 3 NAME OF 4. DATE First Middle Last Month Day Year DECEASED Jeseph Kilar 9-26-67 19 DEATH Type or print) 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Days Hours Feb. 1, 1906 WIDOWED death DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Centralia, Ba. S. A. L Chief Medical Exominer's affe pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Medeline Zuber Paul Kilar 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates of service 17 INFORMANT 16. SOCIAL SECURITY NO. Address 21227 within Mrs. Joanna A. Kilar 2220 Gaylawn Dr. 180-07-0333 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). buriol-tronsit PART I, DEATH WAS CAUSED BY ONSET AND DEATH event ROMARU IMMEDIATE CAUSE (a) This certificate should DUF TO duy Conditions, if any, which gave 10 rise to immediate couse (a). 5 DUE TO stoting the underlying cause forworded and o last. WAS AUTOPS removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Not While DIRECTOR: Poge at wark at work please execute 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 4. Inquiry L ond in my opinion Notural couses . Accident funeral director. deoth resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL pe **EXAMINER'S** Health Address (Street, city, town or county) the 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION (County) 50 REMOVAL (Specify) Glen Burnie Glen Haven Memorial Pk a. A. Co. Md. Burial 24 FUNERAL DIRECTOR VR A15ME (5 Patapsco Ave. 212 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 83068 12055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Baltimore deloy i. nd 3 to Poge o. STATE Maryland b. COUNTY eportment of MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)

Garrison c LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) PM3 Garrison d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC form ON A FARM? Garrison, Maryland Garrison, Maryland Item 18. Give Poges NO F hours ofter deoth. Office olong with NAME OF Middle Last 4 DATE DECEASED DAWN RENEE KINDRED September 12. 19 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Female. White ofter deoth. WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY = none Medical Exominer's 13. FATHER'S NAME within pencil hours 72 = IS WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. executed permit. (Yes, na, ar unknown) (If yes give war ar dates af service) within EXAMINERS nance 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Interstitial Pneumonitis (SDII) buriol-tronsit ONSET AND DEATH event word DUE TO Canditians, if any, which gave (b) rise to immediate cause (a). = DUÉ TO stating the underlying couse Ò. puc as lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removol YES X certificote, 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) plnods PRIMARY I or CONTRIBUTING I cremotion, or CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inquiry | Inspection . ond in my opinion Notural couses X ___Accident deoth resulted from: Suicide Homicide Undetermined monner pleose CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be retr TO FUNERAL D' Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE 9/12/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, NAME (Type) Address (Street, city, tawn, or county) the VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

12056

12069

death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY vithin 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) R3 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha .⊆ IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS filled NO F YES garban NAME OF First Middle 4. DATE Lost Month Year completely DECEASED OF (Type or print) DEATH eve SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months any WIDOWED DIVORCED and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY MILLENER NOX ARY 13. FATHER'S NAME or remova 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: cremat ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse ar attending Health priar ta this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part 11 of item 18.) the haspital detached fr te Dept. af F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (County) (Stote) Hour 'o.m. factory, street, office blda., etc.) While Not While of work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) Ithis haspital) attended the deceased fram. Gata 1965 to Sept be retained and that death accurred at 200 M, fram causes and an the date stated above. saw the deceased alive an 1196 22o. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LIUSON 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9-29-67 GREEN MOUNT CREMATORY BALTIMORE 1-SAM REMATION 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE SEP TOWSON, MA. OOK-BROOKS LOWSON INC.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12070 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) g. COUNTY g. STATE BALTIMORE MARYLAND BATTIMORE b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) hours 72 hours HRS ESSEX FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? popers. filled i VETERANS ADMINISTRATION HOSPITAL BARRON AVENUE NO X OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3. NAME OF Middle First 4. DATE removectarbon Last Month Day Year completely DECEASED FRANK C. KIRK SEPTURMBER 14 67 ent 19 (Type or print) DEATH S. SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH irthday) Months Hours MALE WHI TUPE and in any WIDOWED DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? physician BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. FRANK KIRK SOPHIE GUNTHER attending p 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unkhawn) (If yès give war ar dates af service CLIN.RECORDS. VA HOSPITAL, FT HOWARD, MD. 00 cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH INTRACEREBRAL HEMORRHAGE IMMEDIATE CAUSE (g) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the haspital or attending physicion. DUE TO burial, Conditions, if any, which gave CEREBRAL ARTERIOSCIEROSTS rise ta immediate cause (a). DUE TO stoting the underlying couse last. gp WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES DO NO this certificate 2Dg. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) Hour a.m. factory, street, affice bldg., etc.) Not While at work at wark 21. I certify that (this haspital) attended the deceased fram. and that death accurred at 2:10PM, fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased glive ap-22b. DAJE SIGNED 9/15/67 22a. SIGNAJURE DIRECTOR PHYS filed PHYS. 22d. ADDRESS PAYSICIAN'S WAME (Type) TALBERT, M. D. VAH FORT HOWARD, MARYIAND director, should be BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BALTIMORE NATIONAL BALTIMORE. MARYIAND 24. FUNERAL DIRECTOR 257 S. CONKLING ST. BATTIMORE, MD

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h 72 hours after death

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the farectar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after

	12056	CERTIFICATE	OF DEATH		12111		
	1. PLACE OF DEATH o. COUNTY Baltimore	MADVIANO	ATATE O	Where deceased lived, if institut b. COUI	nion: Residence before admission) NTY Baltimore		
-	b. CITY OR TOWN (If autside carparate limits,	MARYLAND c. LENGTH OF STAY IN 16		utside carporate limits, write RU			
	write RURAL and give nearest town)	C. ELIOTI OF STAT IN 18	1	butus	KAL unu give neuresi tuwii)		
-	Catonsville			Ducus /	0 3 1		
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	Shangri - La Nurs		1242 Maj	ple Avenue	YES NO X		
)	3. NAME OF First DECEASED (Type or print) Harriet	G. Kluth	Last	4. DATE Mont	nber 4, Doy Year		
	Fomalo White		8. DATE OF BIRTH August 18,	9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County New Yorl	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME			
	Frederick J.	Wegant	Harr	iet			
1	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	INFORMANT	Addre	ess		
1	(Yes, na, or unknown) (If yes give war ar dates of se	212-10-0454 M	rs Helen E	Kerns 1242	Maple Ave. 21227		
	Canditions, if any, which gave rise to immediate cause (a). Stating the underlying cause last.			(34) (1) (1)			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
CERTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	7		
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 20d. INJURY OCCURRED While of work of all work of the al						
	21. I certify that (I) (this hospital) attended the deceased from 9/47, 19, to, 19, that (I) (we) la sow the deceased alive on 12/45 Alignor and that death of corred of M, from couses and on the date stated above						
	220. SIGNATURE MED. ATTENDING DIRECTOR STAFF 22b. DATE SIGNED PHYS. STAFF 96 STAFF 9						
	NAME (Type) Dr. Herbert	t W. Lapp	22d. ADDRESS 4804	Frederick Ave	nue, Balto., Md.		
	230. BURIAL, CREMATION, PEMOVAL (Specify) 9-7-196		Cemeterv	23d. LOCATION (City or To Baltimore C	own) (County) (State) County, Maryland		
	24. FUNERAL DIRECTOR Howard H. Hubbard, 4	ADDRESS 107 Wilkens Ave. 2	250. REC'I	D BY REGISTRAR 1967 2Sb. RI	ECISTRAR'S SIGNATURE		

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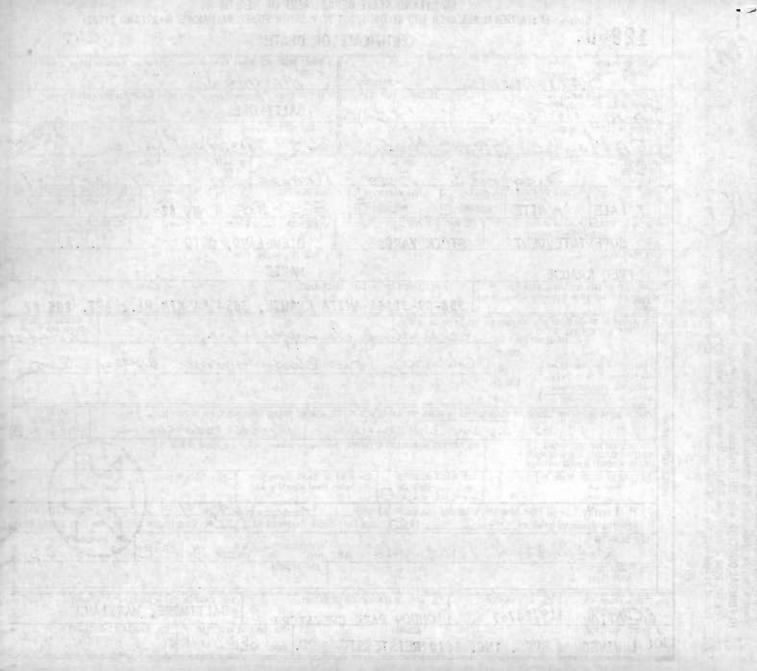
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12059 12072 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Jon papers. Pages 1 MARYLAND Baltimore by the Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Baltimore 7, Md. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give necrest town) 6 yrs. Baltimore 7.Md. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street oddress) 2 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i 7107 Liberty Rd. Baltic. Md. 7107 Liberty Rd. YES NO K and campletely file remove carbon p NAME OF First Middle 4. DATE Lost Manth Doy Year DECEASED William Knight Sr. 19 67 (Type ar print) Boyce DEATH Sept. 17. ever IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Manths Days Hours Male White WIDOWED DIVORCED Feb.1.1906 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY ? and Baltimore . Md.

14. MOTHER'S MAIDEN NAME Fox Chevrolet I-S-A 13. FATHER'S NAME or removal. William J. Knight Delma Blackston IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Addrestimore 15, Ma. Mrs. Mary D. Knight. 7107 Liberty Rd. 212-03-9750 None crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying cause priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO N 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. Nat While ot wark 21. I certify that (1) (this hospital) attended the deceased fram. 1968 ta 0007.17, 1967, that (1) (we) last -7- 1967, and that death accurred at 2.4 M, fram causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. M.D. DIRECTOR O HOSPITAL Page 4 may DECKLEBAUM, M.D. JOSEPH West Rogers Avenue 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Sept.20,1967 Lorraine Fark Cemetery Woodlawn, Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Meliones Judge DATE SEP

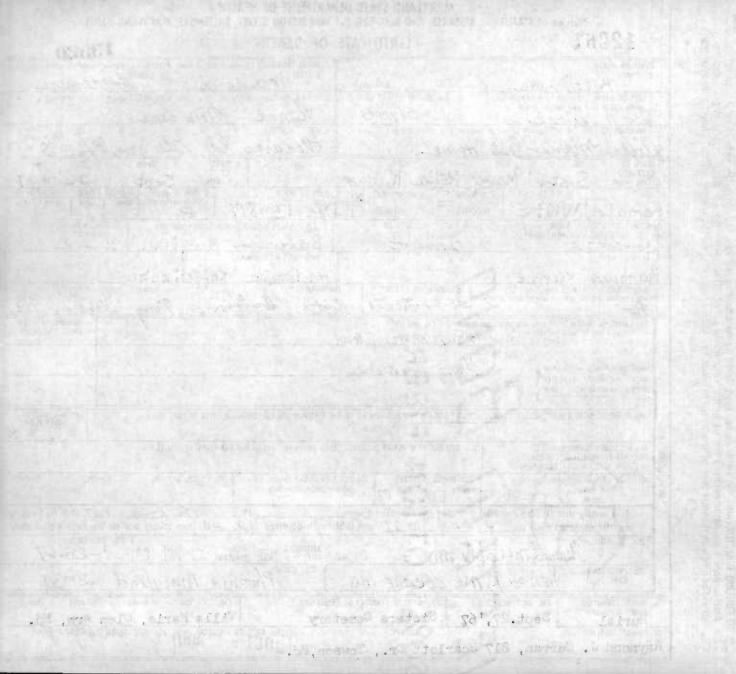
. +0 19[8] THE PARTY OF THE P . Towns in the state of the sta Western The House and the second second A Part manager Carounais of the Lines huly queralized hierardayes Myres is had 19-17-67 senses decided to the Six of the Contract of t and and program of the companies of the contract of the contra

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12080 12073 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY o. STATE b. COUNTY MARYLAND corbon popers. Poges 1 ent, within 72 hours ofter PHYSICIAN: The law requires that the death certificate be executed within 24 hours after filled in by the fun popers. Poges b_CITY OR TOWN (If autside carparate_limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give pearest fown BALTIMORE d. STREET ADDRESS IS RESIDENC (If not in haspital, give street address) ON A FARM NO remove corbon in any event, with DATE 3. NAME OF Day Year OF DECEASED 22 1967 (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR DATE OF BIRTH **NEVER MARRIED** last birthdoy) Manths Haurs WIDOWED DIVORCED 82yrs. 11. BIRTHPLACE (County & State, ar fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
SUPERINTENDENT COUNTRY? INDUSTRY and YARDS CLEVELAND. OHIO STOCK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removo MARIE FRED KRAUSE WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes af service) 338-09-0886A ANITA KRAUSE, 3654 PASKIN PL. cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line to (a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-tronsit spirales IMMEDIATE CAUSE (a) signed by O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physicion. DUE TO burial, Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO r this certificate hos been si detached for use as the b te Dept. of Heolth prior to b stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached fr te Dept. of t OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 should be detache with the State Dept. 20e, PLACE OF INJURY (Home, farm, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While After at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram and that death accurred at 6:20M, from causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an. 22b. DATE SIGNED 22o, SIGNATURE MED director, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL, CREMATION, BALTIMORE, MARYLAND (9/24/67 250. REC'D BY REGISTRAR SEP 2 5 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 & BROS. INC. 6010 REISTERSTOWN

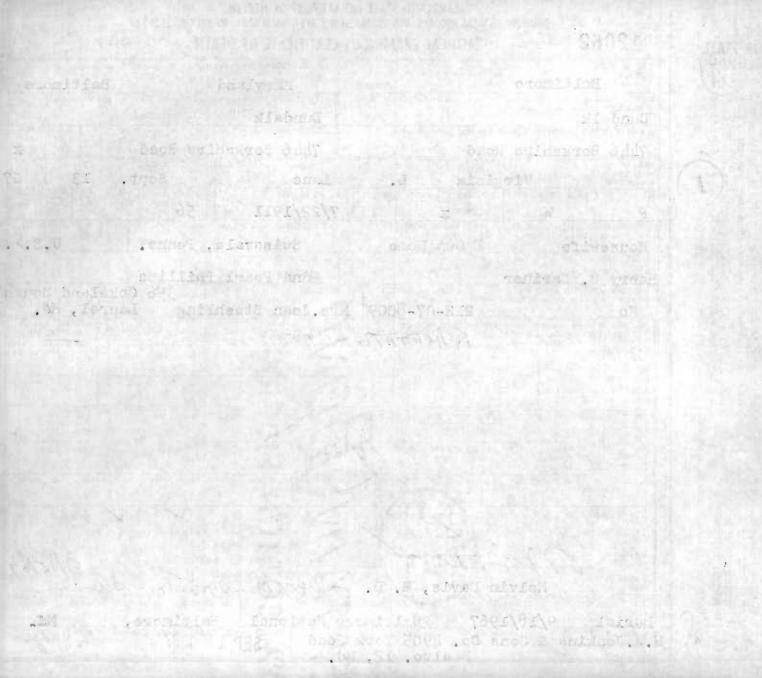


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12061 CERTIFICATE OF DEATH within 24 hours after death by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporote limits. write RURAL ond negrest town) YEARS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR (If not in hospital, give street address) d. STREET ADDRESS and campletely filled 3. NAME OF carban Middle DATE Doy Year DECEASED OF DEATH 19 6 requires that the death certificate be executed S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED AGE (In years lost birthdoy) Months WIDOWED DIVOR CED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY Domester convent 13. FATHER'S NAME burial-transit permit. Then p burial, crematian, ar remaval, signed by the attending phy 15. WAS DECEASED EVER IN U.S. AKMED TONCES.
(Yes, no, or unknown) (If yes give wor or dotes of service) 218-54 -3900 J1 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 120 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: theumonia IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work ____, to Sept. 36 , 19 67, that (I) (we) last 21. 1 certify that (I) (this haspital) attended the deceased fram. . 19 Page 4 may be retained saw the deceased alive an 9121 19 67, and that death accurred at 2 AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE Henry & me Corble ms ATTENDING STAFF PHYS. X AVS. 22d. ADDRESS Phoens director, page 3 M.D. DIRECTOR 22c. PHYSICIAN'S HENRY LIME COEKLE MD NAME (Type) should 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Villa Maria, Glen Arm, Md. Sisters Cemetery Sept. 27. '62 250. RECD BY REGISTRAS 67 256 REDISTRAS SIGNATURE 24. FUNERAL DIRECTOR Raymond J. Curran, 817 Scarlett Dr., Towson, Md. DADC

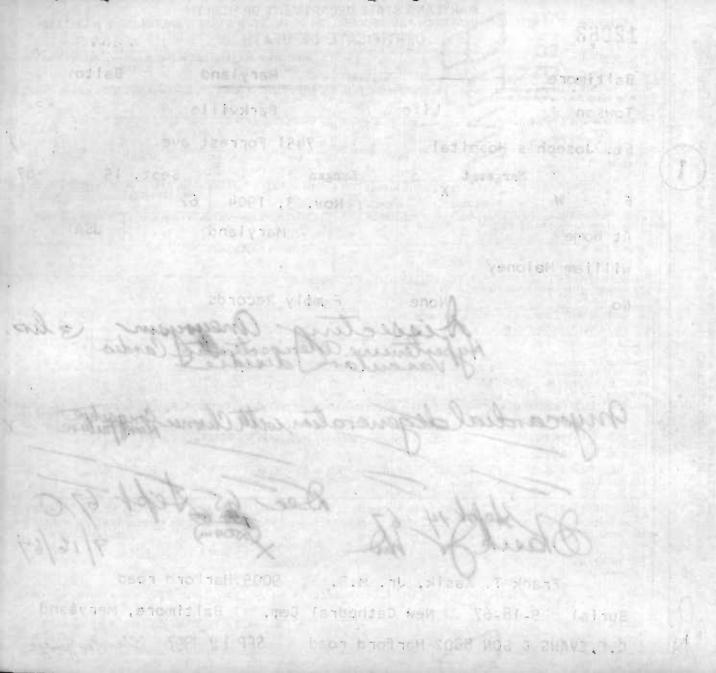
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12062 12074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTHADEAT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Page o. STATE b. COUNTY delay is and 3 ta Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b pup PM3 Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Office alang with farm Item 18. Give Pages 71116 Berkshire Road 7116 Berkshire Road NO X This certificate shauld be executed within 24 haurs after death. NAME OF First 4. DATE Month Year DECEASED Virginia 67 L. Sept. Lane 19 DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED Birthdoy) Months Hours WIDOWED T DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Home Swissvale, Penna. .u Housewife Chief Medical Examiner's Own 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edna Pearl Phillips Henry B. Cariher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 356 Cokeland South (Yes, no, or unknown) (If yes give wor or dotes of service) within 212-07-8009 Mrs. Jean Staehling Laurel. Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Neumatic CARditis DUE TO dny Conditions, if ony, which gove te, writing the v rise to immediate couse (o), DUE TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY remayal, PERFORMED? NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY In ranotice of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING Page 4 shauld ъ CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 1 Inquiry 1 ond in my opinion deoth resulted from: Notural couses Accident Suicide the funeral director. Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL prior ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** FO FUNE Health Melvin Davis. POR MAD. Ready no tomight -NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial 9/18/1967 Baltimore National Baltimore. Md. 250. REC'D BY REGISTRAR 1967Sb. REGISTRAR'S SIGNATURY 24 FUNERAL DIRECTOR, H. W. Jenki 4905 York Road Sons Co. VR A15ME (5) alto. 12. Md.

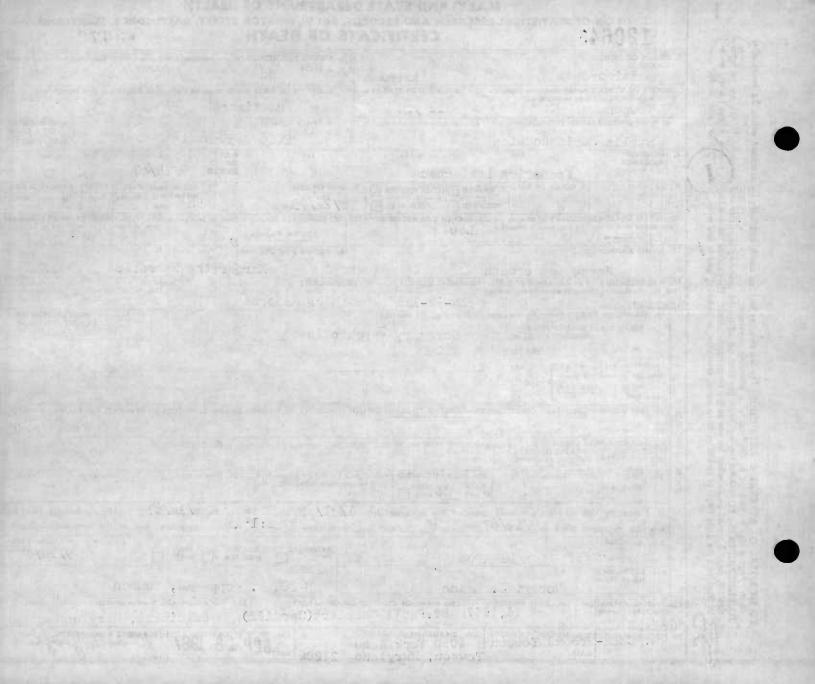


MARYLAND STATE DEPARTMENT OF HEALTH DUVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12075 death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. countyBalto a. STATE Maryland after afte Baltimore MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 172 hours ? write RURAL and give nearest town) hours Parkville Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7451 Forrest ave. NO 7 YES within completely carbon NAME OF Middle Last 4. DATE Month Year DECEASED (Type or print) DEATH 1967 Langan Sept remove c executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Nov. WIDOWED DIVORCED attending physician a ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) INDUSTRY Maryland At home certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME william Meloney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Records Famo1y Mone 18. CAUSE OF DEATH [Enter only one cause pendine for (a), (b), and (c).] INTERVAL DETWEEN been signed by the the burial-transit or to burial, cremati requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to Immediate has been e as the b DUE TO (a). stating the underlying cause last. FICATION PART IV. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING/10 DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 7 149 After this certificate has be detached for use State Dept. of Health of for use Health 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE NOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Norm 18.) CERTI MEDICAL 20c. TIME OF INJURY Month, Day, Year + 20d. INJURY OCCURRED +20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) (County) factory, street, office bldg., etc. e. After Hour Not While While at work at work 21. I certify that (I) (this hosbit attended the deceased from DIRECTOR: age 3 should led with the M. Grom the causes and saw the decease alive and that death occurred at on the date stated above. NOAM 22a. SIGNATUR€ DATE SIGNED 22b. be ATTENDING MED STAFF page DIRECTOR PHYS HOSPITAL FUNERAL PHYSICIAN'S 22c. ADDRESS TO FUNERAL director, p NAME (Type) Harford road 9005 Kasik, Frank I. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Baltimore, Maryaand 9-18-67 New Cathedral FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 F. EVANS & SON 8802 Harford road 20M



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY executed within 24 hours a. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town Raltimore 12 vrs Towson filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? E 2006 30t.h Stella Maris Hospice YES NO -NAME OF Middle 4. DATE Month Day You pai DECEASED (Type or print) Frederick Lauterbach 3 19 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 IF UNDER 24 HRS 9. AGE (In years | IF UNDER 1 YEAR pue last birthday) Months certificate WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Law Baltimore, Md USA Lawver please 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the hospital or attending physician. Margaretha Schwartz Jacob Lauterbach Then The law requires that the or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I Address 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Hospice Records Hnknown 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). DIRECTOR: After this certificate has been signed by INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Thrombosis cremation, IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which gave rise to immediate cause burial, DUE TO (a), stating the underlying the PHYSICIAN: cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 98 0 CERTIFICATION PERFORMED? use prior NO X for 200. ACCIDENT WAS UNDERLYING IT 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) of Health OR CONTRIBUTING [] CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY (State) Not While fectory, street, office bldg., etc.) Hour a.m. Dept. et work et work n m 21. I certify that (I) (this hospital) attended the deceased from... ..., 19, that (I) (we) last pinous State 15 M. from the causes and on the date stated above saw the deceased alive on? may 22a SIGNATURE 22b. DATE SIGNED TO FUNERAL director, page 3 be filed with the ATTENDING TO HOSPITAL DIRECTOR A PHYS. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) E. Joppa Rd. Towson 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 16.1967 St. Pauls Cemetert(Cardiff) Baltimore, Maryland Burial Sept
24 FUNERAL DIRECTOR'S SIGNATURE
COOK-Brooks Burial 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1050 York Road Towson VR A15 (4) 21004 Towson, Maryland 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12077 0 PLACE DF DEATH BALTIMORE USUAL RESIDENCE (Where deceased lived, II institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY MARYLAND RYL TIMORE b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hour more d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SALTIMORE ENTIRE HE) ithin NO. YES completely i executed within NAME DE First Middle Last 4. DATE Month Day Year DECEASED DF LAVER JOHN RIDGEN (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. FUNDER 24 HRS remov last birthday) Months Davs Hours WIDOWED DIVORCED physician n please ri val, and in = 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? NNECTICUT NS certificate FATHER'S NAME MOTHER'S MAIDEN NAME the attending phit it permit. Then remova 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND INFORMAN' 0 death (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, 55 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH I-transi p PART I. DEATH WAS CAUSED BY. or attending physician. been signed the burial-transor to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the Drior 1 underlying cause last. has 38 (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health certificate PERFORMED? YES NO the hospital PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached i Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After 19 at work at work OR ATTENDIN be retained t DIRECTOR: A age 3 should lied with the 0 21. I certify that (this hospital) attended the deceased from 196 and that death occurred at SOM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED To FUNERAL DIRE director, page 3 should be filed v ATTENDING STAFF Page 4 may t M.D. DIRECTOR PHYS. PHYS. PHYSICIAN'S 22c. 22d. ADDRESS ME (Type 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEME 23d. LOCATION (City, town or county) (State) 23c. FRY OR CREMATORY REMOVAL (Specify) FUNERAL DIRECTOR ING REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE

DATE

VR AI5 (4) 20M 1/65

SALTIMORE ECERTED GALTATORE ME) CHATTLE S SANS TANKS MHOT M301972 -Cij 6) 8 24 67 150p deuth 1/2 67 (dele = 1)

MARYLAND STATE DEPARTMENT OF HEALTH

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John J. Berrike, S. J. Solly Liberty Ross, Revisitatore, Ed.

Rept. 9, 1957 Leke View Cametery Alberty Road. Bilgo. W. &L. se den en correst et Cint aport l'appear

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12079 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE a. COUN b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give negrest town) requires that the death certificate be executed within 24 hours physicion and completely filled in by e. IS RESIDENCE (If not in pospital, give street address) d. STREET ADDRESS ON A FARM? YES NO IV NAME OF Middle DATE Lost Month Dov Year DECEASED OF DEATH event, (Type ar print) SON 196 SEX IF UNDER 24 HRS 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH pleose remove last birthday) Months Days Hours WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY curperte 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME signed by the ottending phy IS. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates af service) cremotion, CAUSE OF DEATH (Enter only one cause per line far (a), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate jo 20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hame, farm, 20c. TIME OF INJURY 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 19 1.7, to 9 be retained and that death accurred at LineM, from causes and an the date stated above saw the deceased alive an 9 19.7 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S U5-50 0 NAME (Type) 6 director, 234 LOCATION (Lity of Town) 23c. NAME OF CEMETERY OR EREMATORY BURIAL, CREMATION, 23b DATE THEREOF (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 19 5

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item CERTIFICATE OF DEATH 12080 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) unel a. COUNTY b. COUNTY Baltimore Baltimore MARYLAND The law requires that the death certificate be executed within 24 haurs after b. CITY DR TDWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 1h c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest tawn) Gatonsville Towson L hour in by Catonsville vears d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? filled i House in the Pines, Catonsville NO T YES carban NAME OF Middle DATE Month Lost Doy Year the attending physician and campletely sit permit. Then please remave carban DECEASED OF DEATH 25, September 67 Type or print) 19 SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Months Days Male White Haurs Aug. 5, 1876 WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? nsurance Agent Insurance Pennsylvania II S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, Abner Lefever Adele (unknown) WAS DECFASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor ar dotes of service 10 215-05-3640A Groff Funeral Home Lancaster, Penna. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o). attending physician. DUE TO signed t Canditions, if any, which gove rise ta immediate cause (o), DUE TO stating the underlying cause has been the 0 last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO the haspital ar certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After ot wark be retained by 21. I certify that (I) (this hospital) attended the deceased fram. , 1966, to 9 - 25 , 1967, that (1) (Ne) last shauld 1967, and that death accurred at 12220M, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b., DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. directar, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 209 Freberic 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Tawn) (Caunty) (State) BTRANDVAL (Specify) Sept. 27, 1967 St. Josephs Cemetery Lancaster, Penna. **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland 21204 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12069 12081 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY ltimore o. CBAItimore o. SIMaryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown 14 yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 h Bex 212 A Liberty Road Box 212 A Liberty Road NO Z NAME OF Middle remaye carbon First Lost 4. DATE Month Dov Year completely DECEASED H. C. James Lemley Sept. 19 67 (Type or print) event DEATH SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost Sighdoy) Months Male White Sept. 15, 1882 WIDOWED DIVORCED pup 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ond in during most of working life, even if retired)
Locomotive Engineer B & O U.S.A. please ottending physician permit. Then please Burton, W. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removol, Elihu Lemley Victoria Dalrymple IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Box 212 A Liberty Rd. Randallstown, Md. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Ruby L. Lemley none no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). NTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO burial Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the certificate has been Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While After ot work ot work 21. I certify that (I) (this haspital) attended the decrased fram and that death occurred at 4:09 M, from causes and on the date stated above O FUNERAL DIRECTOR: saw the deceased offive an_ 2200SIGNATUR M.D. DIRECTOR director, poge 3 22d. ADDRESS PHYSICIAN'S NAME (Type) Dr. R. W. Houck Jr. Liberty Rd. Eldersburg, Md. 23b. DAJE THEREO 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City, or Town (Stote) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24.7 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

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in 24 hours carbon papers. rage be retained by the hospital or attending physician.

ECTOR: After this certificate has been signed by the attending physician and completell should be detached for use as the burial-transit nature. or removal, and in any i be detached for use as the burial-transit permit.
Dept. of Health prior to burial, cremation, or rem

TO HOSPITA De la berra TO FUNERAL ECT director, page 3 should be filed with the State D

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12070 CERTIFICATE OF DEATH 12070 12082

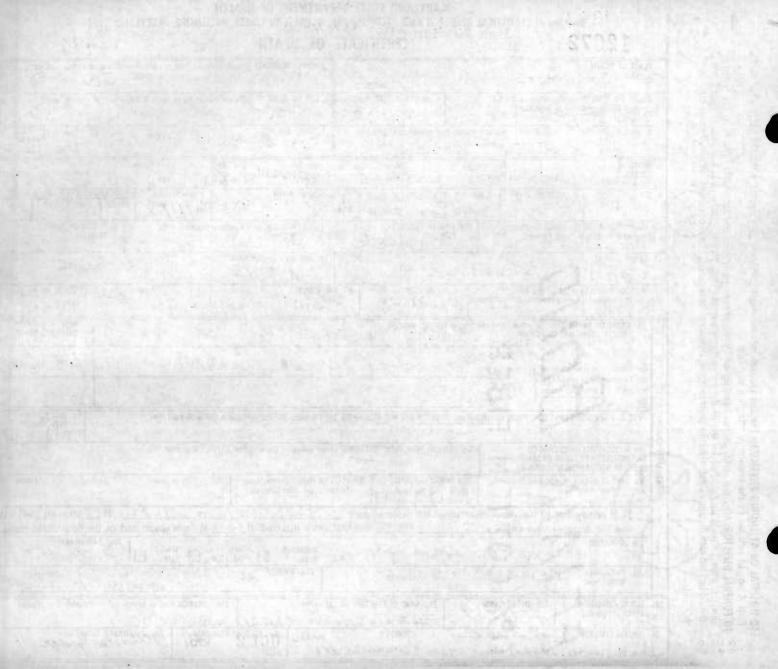
1. PLACE OF DEATH a. COUNTY				ICE (Where deceased lived, I		nce before e	dmission)
Baltimore Maryland			a. STATEMaryland b. COUNTY .				
b. CITY OR TOWN (if outsid write RURAL end give n	e corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate limits, wri	te RURAL end give	e neerest tow	n)
Randalls			Baltin	more		3	10-4
d. NAME OF HOSPITAL OR	INSTITUTION (if not	In hospital, give street address)	d. STREET ADDRESS				SIDENCE
Chapel Hill	Nursing I	lome	609 CI	hapel Gate Lar	ie 29	YES T	NO T
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon		y Yeer	
(Type or print)	Viola	Ħ.	Leon	OF DEATH Sept.	9,	19	67
5. SEX 6. CC	DLOR OR RACE 7. N	ARRIED NEVER MARRIED 8.	DATE OF BIRTH		IF UNDER 1 YEAR		24 HRS.
Female W	hita	DOWED TO DIVORCED	12/11/1890	last birthday) 76 yrs.	Months Days	Hours	Min
10a. USUAL OCCUPATION (G	ive kind of work	106. KIND OF BUSINESS OR INDUSTRY	1 11 -7 -	nty & State, or foreign country) 12. CITIZEN	OF WHAT C	OUNTRY
done during most of working literation Housewife	te, even it refired)		M	-1			
13. FATHER'S NAME		1	Mary Mary Mary Mary	NAME			
William A.	Scott		Mary	Schroeder			
15. WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II		Addre	SS S		
(Yes, no, or unkown) (Ifyesgiv	e wer or detes of service None	123-48-9587 Mrs	. Margaret (Gorev 901 Kin	gston Ro	ad	
		e per line for (a), (b), end (c),		, , , , , , , , , , , , , , , , , , , ,		NTERVAL BET	WEEN
PART I. DEATH WAS	CAUSED BY:	a.t. M	T.			INSET AND D	EATH -
110 - 1	ATE CAUSE (e)	aura 111	4			Um	rous
4201	DUE TO	ASCVI	>				
Conditions, if eny, which		11.30.1					
(a), stating the underlying	DITE TO				- N. P.		
cause last.) (c)						
PART II. OTHER SIGNI	FICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a)		RMED?
3						YES	NO 🗌
PART II. OTHER SIGNI	JSE OF DEATH	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item 1B.)			
3 20c. TIME OF INJURY	Month, Day, Yeer		CE OF INJURY (Home, far		(County)		(State)
20c. TIME OF INJURY Hour e.m.	19	While Not While lead work et work	ry, street, office bldg., etc	-)			
7		attended the deceased from	•	19 10 9/9	1967	that (I) (we) las
saw the deceased all	<i>a</i> /						
22e. SIGNATURE	2	111	deem occured ar	Holl inc causes	dio on me		. DATE
	Ne	ellen, M.	D. ATTENDING	MED. STAFF DIRECTOR PHYS.			SIGNEE
22c. PHYSICIAN'S NAME (Type)	m. 15	Ellin	22d. ADDRESS	rdallston	md	/	
200: 00:00:00	36. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	own or county)	(\$1	lete)
REMOVAL (Specify)	/13/67	Lorraine Pa	rk Cemeter	Woodlawn,	Md.		
24 FUNERAL DIRECTOR'S SJG	NATURE	ADDRESS m		C'D BY REGISTRAR 256. R		ATURE	
21,4-17:6	180	an Bally 13 Pa	Ansen DATE	SFP 15 196/	Juane	& Judy	-

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	F 1 MARYLAND
le le le	12071 CERTIFICATE OF DEATH	12083
5. 2. E.	PLACE OF DEATH a. COUNTY BAHIMOR MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If instit e. STATE b. COUNTY MARYLAND	BALLinore
d in b	b. CITY OR TOWN (if outside corporate limits, string RURAL and give neerest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown)	03./
hours	BAITIMORE County Concrat 9115 Bengal Rock NAME OF First Middle Last 4. DATE Month	e. IS RESIDENCE ON A FARM? YES NO Day Year
	(Type or print) Pearl Levine DEATH Sept	.30, 1967
	F WIDOWED DIVORCEO 1 May 1, 1892 75 yrs. Mc	onths Deys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
doi	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.a.
15.	Samuel Jacobs WAS DECEASED EVER IN U.S. APPAGE FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address	
15. (Ye	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY Congettine Heart Laulus	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (b) Coronar Heart Disease	
-	(e), stating the underlying DUE TO Others polerosis	IN DART 1/-), 10 WAS AUTORSY
CERTIFICATION	Upper G.L. bleeding: "Ce of Lungs	PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work factory, street, office bldg., atc.)	(-)
	21. I certify that (I) (this hospital) attended the deceased from 19,00, to 19,00, to 19,00, to 19,00, and that death occurred at 1,2M, from the causes and 22a. SIGNAPORE	on the date stated above.
	Rolando A. Madambz _{M.0.} ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADORESS	9-30-67
/ 23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown of	indullation Md
24	FLINERAL DIRECTOR'S SIGNATURE) ADDRESS ADDRESS DECOR BY REGISTRAR 25b. REGIST	RAR'S, SIGNATURE
2	Loring Syene 8728 Laberty Re D. 1961 July	arles Judge

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2-10	Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01
NA)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 2120 12072 CERTIFICATE OF DEATH	84
r death funeral 1 and er death	1. PLACE OF DEATH o. COUNTY BALTIMORE 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE MARYLAND b. COUNTY BA	before odmission) =.
d within 24 hours after deat letely filled in by the funeral carban papers. Pages 1 and out, within 72 hours after deat	b. CITY OR TOWN (If outside corporate limits, write RURAL and give swrite RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nearest town)
n 24 ho illed in papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 821 SCARLETT DRIVE.	e. IS RESIDENCE ON A FARM? YES NO
ed withi	(TPC of PARTY)	Doy Year 28 1967
irtificate be executed with physician and campletely en please remove carban aval, and it any event, wi	WIDOWED DIVORCED NO. 1 PAR yrs.	Doys Hours Min.
icate be rsician ar please ri II, ane	during most of working life even if tetired) INDUSTRY HONE BALTIMORE COU	ZEN OF WHAT NTRY? 4.5.
certifica g physi hen pl naval,	John Sings Mont	DELL.
he death certific ottending phys permit. Then p ion, or remaval,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 217 - S4 - 7666 SOCIAL SECURITY NO.	SCARLETT SRIVE
not the a y the a sussit pe	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARDIPIC IMPROVED TO THE COURT OF	INTERVAL BETWEEN ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please pagase carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and may event, within 72 hours after death	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO CORDINARY ARTERIOSCLEROSIS (b) DUE TO (c)	48 Hours
D HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Heolth prior ta	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
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TENDIII ined by OR: Afti	saw the deceased alive an 9 · 27 1967, and that death accurred at 5-0 A.M., fram causes and an the	
OR AT OR ET OF ET	M.S. THIS. C. SIRECTOR C. THIS.	28,67
TO HOSPITAL OR ATTENDING Page 4 may be retained by t O FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	22c. PHYSICIAN'S KEITH A MANILEY 22d. ADDRESS 2046, YORK ROA	10 MD
TO HOSPITAL Page 4 may TO FUNERAL director, pageshould be fi	BREMOVAL (Specify) 9-30-67 FORT LINCOLN CEMETERY WORKINGTON DC	County) (Stote)
VR A15 (4) 20 M 1/68	24. FUNERAL DIRECTOR 2 4 A ADDRESS 21226 20 CARCOLOR REGISTRANS SIGNAND AND DATE DATE	Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12073 CERTIFICATE OF DEATH 12085 requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deat O. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND papers. Pages 1 In 72 hours after MARYLAND HARFORD b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

FORT HOWARD c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 7 DAYS .TOPPA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? VETERANS ADMINISTRATION HOSPITAL NO S 1125 CLAYTON ROAD NAME OF carban ever wit First Middle 4. DATE Day 1 ast Year DECEASED JOSEPH J. LOMYER (Type or print) DEATH SEPTEMBER SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR birthdoy) Days Hours 8/4/89 WIDOWED DIVORCED MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? JOPPA, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, WILLIAM LOMYER BARBARA HOUCK 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT WW 705 09 75 52 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY MONTHS DEATH ADENOCARCINOMA OF PANCREAS WITH METASTASES IMMEDIATE CAUSE (a) X RUX XOX CEREBRAL THROMBOSIS WEEKS Conditions, if ony, which gave rise to immediate cause (a). DUF TO stating the underlying cause Health priar ta has been last. CEREBRAL ARTERIOSCLEROSIS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CATION NO X certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After 9/6/67, 19___, that \$\pm\() (we) last 21. I certify that (\$\mathbb{K}\$(this hospital) attended the deceased fram 8/30/67 . 19 __, ta be retained 9/6/67 19____, and that death accurred at9:20AM, fram causes and on the date stated above. saw the deceased alive an____ 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 9/6/67 M.D DIRECTOR PHYS. 22d. ADDRESS VAH 22c. PHYSICIAN'S GEORGE DUDAS, M. D. FORT HOWARD, MARYLAND director, pa shauld be f NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMELERY OR GREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) Sept. 9, 1967 ST. STEVERS CEMETERY BRADSHAW, MARYLAND 25g. REC'D BY REGISTRAR 196725b. 24. FUNERAL DIRECTOR MC COMAS FUNERAL HOME VR A15 (4) ABINGDON, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12074 12086 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. Chaltimore o. STATE aryland b. CONNIT timore 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) rural Baltimore c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b completely filled in by the ove carbon papers. Page y event within 72 hours at rural Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 3512 Fairview Road e. IS RESIDENC 3512 Fairview Road ON A FARM2 YES NO T OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within NAME OF Middle 4. DATE Fannie Sept. Longost Year 7 ond completely DECEASED (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNOER 24 HRS. NEVER MARRIED lost court doy) Months Hours June 28, 1890 White Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) NONE COUNTRY? U.S.A. Balto. Md. 14. MOTHER'S MAIOEN NAME Elizabeth Dix 13. FATHER'S NAME or removo David Williams 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Doris Merritt 3512 Fairview Rd. 21207 none 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. OFATH WAS CAUSED BY: INTERVAL BETWEEN the ONSET AND DEATH marrien IMMEDIATE CAUSE (o) þ 4201 signed DUE TO 200 Sease burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO be retained by the hospital or attending stoting the underlying couse as been os the prior to 19. WAS AUTOPS)
PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO this certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram 1963 and that death occurred at 10 FPM, fram causes and an the date stated above DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF be filed M.D. PHYS DIRECTOR TO HOSPITAL (Poge 4 may b 22d. ADDRESS 22c. PHYSICIAN'S 7306 Liberty Rd. Balto. Md 21207 Perez-Mera 23o. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md. Druid Ridge Cemetery Pikesville Balto 9 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 BATE SEP

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

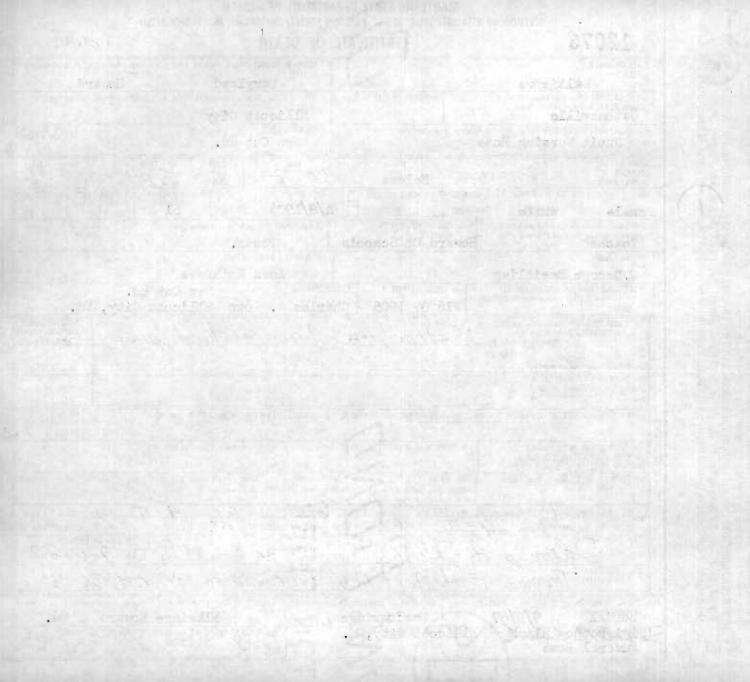
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CERTIFICATE OF DEATH

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		74010	CERTIFICATE	OF DEATH	12	401
		PLACE OF DEATH a. COUNTY Baltimpre	MARWIANO	2. USUAL RESIDENCE (Where deceased a. STATE	lived, if institution: Residence b. COUNTY	/
should be filed with the Stote Dept. of Health prior to burial, cremation, or removol, and in anyweilt, within 72 hours after		b. CITY OR TOWN (If autside carporate limits	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparote		
		write RURAL and give nearest town)	c. certom of Star III is	Ellicott City	sinis, wille KOKAL olla give i	/ 3 - 1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in h Sumit Nursing Home		d. STREET ADDRESS New Cut Rd.		e. IS RESIDENCE ON A FARM? YES NO
	-[NAME OF DECEASED (Type or print) Nargai	Middle Helena	LOTZ 4. DATE OF DEATH	Sopt.	Day Year
)	S. S		W			YEAR IF UNDER 24 HP Days Hours Mil
	10o. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Howard Co Schools	11. BIRTHPLACE (County & Stote, or foreig	n country) 12. CITIZ	EN OF WHAT NTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		J.George Breitling		Anna Rothfus	S	
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dates af serv	ice		Cut ARIOS	
	1.0	RO	216 07 1905 Ch	arles A. Lotz Ell	icott City, 1	Md.
		Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a)	19. WAS AUTOPSY
2	ATION				(4)	PERFORMED? YES NO N
	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II	af item 18.)	
-	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	City ar tawn) (Count	ty) (State)
		21. I certify that (I) (this haspital saw the deceased alive an	attended the deceased fram	death accurred at 45 P.M. f	fram causes and an the	that (1) (we) date stated abo
Situation be med with the State Dept. Of Healthin prior to		22a. SIGNATURE Romas 5	3 Herbert M.D	ATTENDING MED. PHYS. DIRECTOR	STAFF 22b. DATE	6-67
-1		22c. PHYSICIAN'S NAME (Type) The mas F	Herbert, MD	44 Church Rd.	Pelich G	by Mel.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL(Specify) 9/8/67	23c. NAME OF CEMETERY OR C			ounty) (State)
()	(0)	1 / 0 / 0 /	Meadowridge		idge Howard	Md.
M	7	Huneral Home	Ellicotta Douty, Md.	SEP SEP	1967 ^{2Sb.} REGISTRAR'S SIG	NATURENDE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12076 12088 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY PM3. Page Baltimore and 3 to State Department of MARYLAND deloy b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town Catonsvi d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm pencil in Item 18. Give Poges 1, 6114 Edmondson Ave. YES NO DE This certificate should be executed within 24 hours ofter death. along with NAME OF Middle 4. DATE Inst Dov Year DECEASED OF with the 2 1967 (Type or print) DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE AGE (In years NEVER MARRIED last birthday) Manths Davs Haurs 110/01 41 WIDOWED X DIVORCED Office (la la yrs. deat 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) after COUNTRY? Bros. Maryland the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ric Walton 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknawn) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT alton R. Lowered 212-36-2243 within Gralen Rd. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per_line for (a), (b), and (c).) buriol-transit event 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) word DHE TO Conditions, if ony, which gove te, writing the forwarded ta t rise ta immediate cause (a), ⊆ DUE TO stating the underlying cause Θ. puo 0.5 19. WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) certificate, NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should pluods 5 PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (City or town) (County) (State) Haur a.m. foctory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Poge of wark at wark pleose execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry ond in my opinion death resulted from: director. Naturol causes X Accident Suicide Homicide | Undetermined manner be retoined CHIEF MEDICAL EXAMINER Heolth prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar caunty) 13/1 James NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) 0 REMOVAL (Specify) Baltimore, Md. Western Cem. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Witzke F. D. - 4101 Edmondson Av. 1967 6M 1/67

Bearing Tolk . They would Secretary Total Control of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12089 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MARYLAND delay CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town) In 421 STOW TOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? farwarded to the Chief Medical Examiner's Office along with farm in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. NAME OF Middle DATE DECEASED 19 6 (Type or print) DEATH 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED lost birthdoy) Months 3/28/64 after death WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) INDUSTRY COUNTRY? Mynu KE permit. File pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil within 72 haurs Jack. WindeshEIN 2 IS. WAS DECEASED EVER IN ILS. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 3018 FAIRVIEW RD MR. JACK LYNCH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit event PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) writing the word DUF TO any Conditions, if ony, which gove rise to immediate couse (a). 2 DUE TO stating the underlying couse D. pe nsed 19. WAS AUTOPSY PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO V please execute the certificate, 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 shauld PRIMARY OF CONTRIBUTING Б CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (County) (City or town) 2 3 cHour o.m. factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page X ot work ot work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection X and in my opinian deoth resulted from: Noturol causes Suicide Homicide Accident X Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) B2/10, Md. 2122 NAME (Type) 23d. LOCATION (City or Town) Decista County (Stote) 23o. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 0 BENEYAL (Specify) 9/11/67 BALTIMORE HEBREW BERRYMANS & BROS. INC. 6010 RETSTERSTOWN RD 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Charles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12093 12081 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COLINTY Baltimore MARYLAND Manuland Baltimore delay State Department b. CITY OR TOWN (If outside carparate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b pup write RURAL and give nearest tawn) owson lowson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ang with farm ON A FARM? 60 Susquehanna Avenue Give Pages NO D Susauehanna YES This certificate shauld be executed within 24 haurs after death, cate, writing the ward "pending" in pencil in Item 18. Give Page 4 DATE NAME OF Last Manth Day Year DECEASED (Type or print) Helena Cantin DEATH Laura entember IF UNDER TYEAR S. SEX AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last-birthdov) Months Hours Min. White June 20, death emale WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **EQUNTRY?** Maryland. offe un tiome Examiner's pages 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME within 72 haurs Harrison L. mma Heilman Denmuer 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Chief Medical (Yes, no, grunknown) (If yes give wor or dates of service) tamily records 10 None INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (PART I. DEATH WAS CAUSED BY: burial-transit event IMMEDIATE CAUSE (a) writing the ward DUE TO the (any Canditians, if any, which gave farwarded ta rise ta immediate cause (a), = DUF TO stating the underlying cause Ď. puc 90 last used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? remayal, certificate, NO be be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 3 shauld shauld PRIMARY I or CONTRIBUTING I D EXAMINER: CAUSE OF DEATH crematian, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at wark execute at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion funeral directar. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner be retained please CHIEF MEDICAL EXAMINER 22 DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER priar M.D. O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** O'Donnell, Charles may Health NAME (Type) Address (Street, city, tawn, ar caunty) 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATOR) 23a. BURIAL CREMATION LOCATION (City or Town) 9 REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15ME John Burns Sons. Towson. Maryland 6M 1/67

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Tipton - Eline Funeral Home Hampstead, Md.

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COUNTRY?

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DN A FARM? YES ND

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INTERVAL BETWEEN

DNSET AND DEATH

WAS AUTDPSY

PERFORMED? NDX

(State)

(State)

YES

DATE SIGNED

(County)

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VR A15 (4) 20M 1/65 Minkon - Silne Phiere i fore i estable, Mr. - Cono Lecel

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12083 CERTIFICATE OF DEATH 12095 death. ineral and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Baltimore Maryland Baltimore hove carbon papers. Pages 1 ny event, within 72 haurs after MARYLANO b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 16 yrs. requires that the death certificate be executed within 24 had d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) .= 2718 Gwynnmore Avenue 2718 Gwynnmore Avenue YES NO IX 3. NAME OF Middle DATE First Last Year campletely DECEASED (Type or print) 22 Sept. 1967 Victor D. Martin DEATH B. OATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Days Hours WIOOWED DIVORCED 2-1-1904 White Male 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY olease and ii Thurmont, Md. Salesman the attending physic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remava Damith Howard V. Martin 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service) 15-05-2927 Dorothe Martin-2718 Gwynnmore Avenie NO 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Coronary occlusion **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO (b) Arterioscleretic cardiovascular disease Conditions, if ony, which gave 3 vears rise to immediate cause (a). DUE TO stating the underlying cause as the prior tal O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? af far use af Health Pulmenary emphysema Carcinema of the Prestate Gland with metasteses 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached f State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Nat While ot wark at wark 21. I certify that (I) (this despited) attended the deceased from _______, 19 67 that (I) (surprises sow the deceased alive on Sept. 18. 1967, and that death occurred at 11:00 from causes and on the date stated above. 3 shauld 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF 9/23/67 X M.O. DIRECTOR PHYS. directar, page 3 shauld be filed v PHYS 22d. ADDRESS 1811 N. Relling Rd. 22c. PHYSICIAN'S Millard T. Traband, Raltimere, Md. 21207 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23g. BURIAL CREMATION. REMOVAL (Specify)
Burial Lorraine Cemetery Baltimore, Maryland 9-25-67 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Ellsworth Armacost 4600 Liberty Hghts. Ave DATE SEP 194/ Manyl " 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MITIMORE MARYLAND ALTIMORE MA b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours mores 9 BALTIMUMF 2WKS COUNT d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM carbon pap ent, within were Me 3902 YES NO executed within 3. NAME DE Middle Last Month DECEASED (Type or print) agneviewe DEATH 19 MATIS 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS етоме 7. MARRIED NEVER MARRIED last birthday) Months | Days any Hours and WIDOWED DIVORCED = physician an please re 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? PERVISOR CAMBRIA COUNT 130 ELEPHONIE CO. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova STEVEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) BOOTHER the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) CONSESTINE HEART FAILURE been signed the burial-tr or to burial, (DUE TO The law requires Conditions, If any, which DNEMIA gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTOPSY for use Health r PERFORMED? 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) t. of MEDICAL TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) Hour a.m. at work at work retained ъ 19 67, that # (we) last 21. I certify that (this hospital) attended the deceased from 19 and that death occurred a saw the deceased alive on 4. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED OR be ATTENDING STAFF DIRECTOR M.D. PHYS. may pag HYSICIAN'S 22d. ADDRESS director, NAME (Type) princys 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) New Cathedral Cemetery Baltimore Md. 9/30/67 Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS , 4107 Wilkens Ave. D. 1967 Howard H. Hubbard VR A15 (4) 0 20M 1/65

BOUTHWATLE CANNTY DE CAN TILD FROMITIAGE BALTIMUME COLUMN 2WKS BARTIMUME CIT Grayter Bathmore Medical Contr. 3902 COLONSTER RD. Commence John & MATIS. 12/24/87 49 SUPPLYISHED TELEPHONE CO. CAMBRIA COUNTY, PA. U.S.B. MBRY COLEMBY. STEVEL . I. Perse 217-72-1960 BOUTHER-MR. OUM. MATIS CONSESTINE HEDRY FAILURE. Delpinsen. CORCLINGTON of PHORYIX & MYDUTH. CEAL Toll Telle CM downed comed V THIRMAS BURRING, NID. 40 GBMC 20.00 01 02.00 00.0 cert, all est, intitles her, into

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12085 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) Catonsville 2mth29dvs Gwynn Oak d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS completely time SPRING GROVE STATE HOSPITAL 3719 Milford Mill Road 3. NAME OF Middle First Lost 4. DATE Month DECEASED Georgeann McCann September (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remove 78thdoy) Apr. 19, 1889 and in ony DIVORCED female white WIDOWED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Store, or foreign country) ease during most of working life, even if retired) INDUSTRY attending physician sermit. Then please housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, Rebecca Ann Clifford Burton 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 2203/54-7226 Records: SPRING GROVE STATE No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospital or ottending physicion. Arteriosclerotic cardiovascular disease DUE TO signed t Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse os the prior to l PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 1967 ta Sept. 1 , 1967, that 41) (we) last June 2 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an Sept. 1 19 67, and that death accurred at M. fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING Sella 9-1-67 DIRECTOR 22d. ADDRESS SPRING GROVE STATE 22c. PHYSICIAN'S Stella Wachsler, M.D. director, po should be f NAME (Type) Baltimore, Maryland 21228

VR A15 (4) 25M 1/67

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE THEREOF

9/5/67

Funeral Home, Inc.

23c. NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland Druid Ridge Cem. Altenburg-6009 Harford Rd. 250. RECENT REGISTRAR 190 75b. REGISTRAR'S SIGNATURE DATE

23d. LOCATION (City or Town)

12097

Baltimore

Day

Dovs

12. CITIZEN OF WHAT

COUNTRY?

S.

(County)

e. IS RESIDENCE ON A FARM?

YES NO

Year

19 67

IF UNDER 24 HRS

Hours

HOSPITAL

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

HOSPITAL

(County)

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12098 12086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEAVIN DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COLLINIY Baltimore a STATE b. COUNTY Maryland MARYLAND delay c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b P.M3. Essex Essex d. STREET ADDRESS SILVER d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? 803 Selmer Avenue Pumping Station Fenway North in Item 18. Give Pages NO A This certificate shauld be executed within 24 haurs after death. shauld be farwarded to the Chief Medical Examiner's Office along with NAME OF Middle First Lost 4 DATE Month Day Year DECEASED OF DEATH September (Type or print) FRANCIS ELDON MC COY 19 67 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last 3 Briday) Days Haurs White after death Male WIDOWED DIVORCED NOV. 7.4 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) INDUSTRY EASTERN GAB pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LORENE GALLAGHER 16. SDCIAL SECURITY NO. 17. INFORMANT 717-26-2790 (Yes, no, or unknown) (If yes give wor or dotes of service LORENE MECOY 803 SILVER INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH any event Gunshot wounds of Head IMMEDIATE CAUSE (a) writing the word DUF TO Conditions, if any, which gove rise to immediate cause (a), = DUE TO stating the underlying cause and 19. WAS AUTOPSY PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES X NO please execute the certificate, 20g. EXTERNAL CAUSE WAS PRIMAR (X) or CONTRIBUTING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should t crematian, ar CAUSE OF DEATH Subj. shot in head 20c. TIME DF INJURY Month, Day, Year (City or town) 20d INTURY DCCURRED 20e. PLACE DF INJURY (Hame, farm, (County) (State) factory, street, office bldg., etc.)
Street may be retained for your FUNERAL DIRECTOR: Page While of work of work Baltimore, Md. 5:30 XXX 9/1/ 19 67 21. I certify that I took charge of the remains described above, held an Autapsy [X], Inspection [], Inquiry [], and in my opinion Notural couses Accident Suicide Homicide X Undetermined monner death resulted from: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE 9/1/67 DEPUTY MEDICAL EXAMINER Werner U. Spitzk Address (Street, city, town, ar caunty) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (State) 50 REMOVAL (Specify)
BURIAL SACRED HEART BALTO MD. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15ME (5) DASEP 1967 300 MACE 6M 1/67

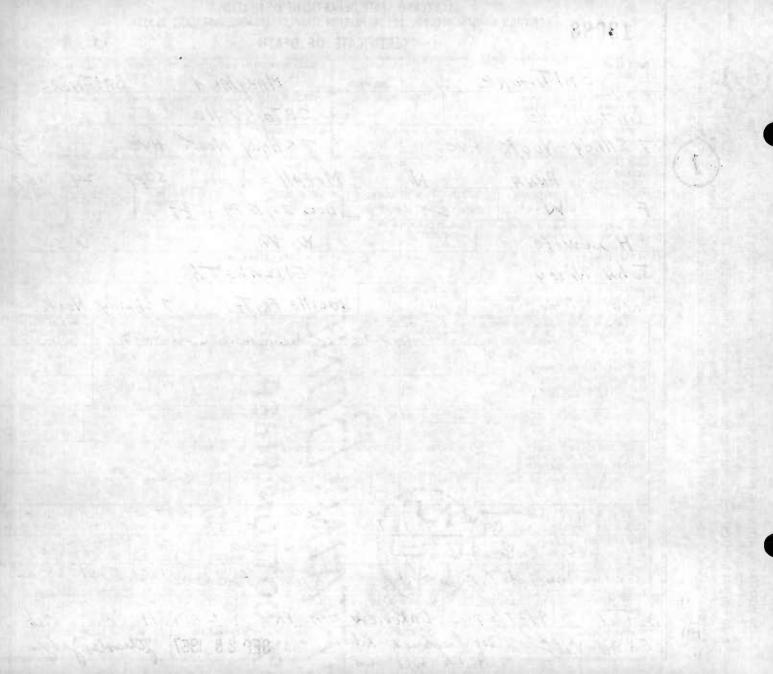
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division of vital records, 301 w. preston street, Baltimore, Maryland 21201 #3,13 & MEDICAL EXAMINER'S CERTIFICATE OF DEATH 72099 FOR STATE HEALTH, DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Raltimore MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nagrest town)

ESSEX (21) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 60 1735 Earhart Rd. NO V 1735 Earhart Rd YES after death. 3 NAME OF 4. DATE Dov Year DECEASED Mc /CARDY BALLARD (Type or print) McCrady DEATH 200 Sept along SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours any event within 72 haurs after death WIDOWED July 27, 1912 DIVORCED This certificate should be executed within 24 haurs Male White in Item pages land 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Stockroom Attend. Virginia d''pending" in pencil in Chief Medical Examiner's Bendix Corp. pencili 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fie McCrady Bessie 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. McCradv (Yes. no. or unknown) (If yes give wor or dotes of service No 228 07 5273 Magdalene McCardy 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) writing the ward DUE TO he Conditions, if ony, which gove farwarded ta rise to immediate couse (a). = DUF TO stoting the underlying couse pup lost. removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED certificate. pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld d PRIMARY Or CONTRIBUTING O EXAMINER: CAUSE OF DEATH crematian. 20c. TIME OF INJURY Month, Univ. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While of work of work foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page please execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion deoth resulted from: Notural causes Accident Suicide Homicide Undetermined monner funeral directar CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER priar SIGNATURA DEPUTY DEPUTY MFDICAL EXAMINER **EXAMINER'S** Health Theodore Patterson, M.D. NAME (Type) 105 Main Stress Dondaloko o May 21222 230. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 BREMOVAL (Specify) 9/7/67 Gardens of Faith Cemetery Baltimore Co., Md. 24. FUMERAL 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A 15ME (5 SEP 196 Charles Judges 6M 1/67 Funeral Home 1407 Eastern Ave. zdzinski

PRODUCE CONTRACTOR OF THE PRODUCE CONTRACTOR (IS) xents (15) Hosea 1735 Saiftunt M. 1235 Markart Ra. A THE STEER I. 16 TAKEY NOTES IN SECT. 5. dd Sife Carina ale Statement Atlanta Comp. Virginia Fight Following and the second fine and the se Genta utilization are introduced to School --MILES TO THE CONTRACTOR OF THE STATE OF THE representative for the safety of Theodore atterzon, W.P. | 105 | ain St. Landelle, Mr. 21222 Hudal 9779. Gerdene of Faith Constant Celtinor Co., 18: Paleoninski Puneral Rose 1907 Hastora Avo. Gelf of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12088 12100 CERTIFICATE OF DEATH ours ofter death pup 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY h. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours CATONSVILLE A TONSVIlle d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM filled SHADY NOOK YES NO. 3. NAME OF Middle First Last 4 DATE Manth Day Year completely DECEASED 196 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthday) Months Hours WIDOWED / DIVORCED oud 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if setired) INDUSTRY COUNTRY Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, IZAbeT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, aç unknawn) (If yes give war ar dates af service) Lucille ShAdy Nook cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth p NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (City or tawn) (County) (State) Haur 'a.m. factory, street, office blda., etc.) While Not While at wark 1966, to 12 21. I certify that (I) (this hospital) attended the deceased from 22 1967, and that death accurred at 5.40 MM, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED director, page 3 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) DATE THEREO (County) REMOVAL (Specify) AKEVIEW MEM-24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 25M 1/6



RESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Owings Mills 4½ years Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Rosewood State Hospital 152 Obery Court NAME OF completel Middle DATE Month Year DECEASED (Type or print) James Washington McGOWAN DEATH 9 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male Negro WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) dependent Washington, D.C. U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phillip Thomas McGowan Henrietta Rose Motowant Hutton ۵ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (Ifyes give wer or detes of service) Rosewood Records, Owings Mills, Maryland ng physician. no none 18. CAUSE OF DEATH [Enter only one cause ger line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if eny, which gave rise to Immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, ' 2Df, (City or town) (County) (Stete) Month, Day, Yeer tactory, street, office bldg., etc.) While Not While Hour a.m. et work | et work p.m. 21. I certify that (X (this hospital) attended the deceased from ... 2/1 saw the deceased alive on 220. SIGNATUR ATTENDING PHYS DIRECTOR M.D. 22d. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0.5 Sept. 20-67 Pine Lawn Annapolis, Md. ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15

NT OF HEALTH

bon year THE SECTION IS SHE NOTICE OF compliance ourne TO STORY OF GRANT Masideetten, D. J. AND PARKET OF CHARGE FEATURES (LANGE) business . E. H. Warner . Entrust Jones .. Telmour Stelectors marked termont Conversed generalized (Count West Pyen Cucar Chrow solodorere he was land

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12090 12102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PM3. Page o. COUNTY o. STATE b. COUNTY Balto. 2 MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Baltimore-12 Brooklandville 2 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC farm durs ON A FARM? 6831 Blenheim Rd. Greenspring Ave. Give Pages Φ YES NO TH after death. 3. NAME OF Middle Office along with First Lost 4. DATE Month Oov Year DECEASED Helen OF Katherine McHenry Sept. 25 19 67 (Type or print) DEATH S SEX 6. COLOR OR RACE X B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 3 3 Item 18. lost birthdoy) Months Dovs Hours Female White haurs May 27, 1899 WIDOWED DIVORCED and 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Major U.S. Army COUNTRY? 24 any Penna. .⊑ Chief Medical Examiner's U.S.A pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within ⊑ Edward Margolf Unknown File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Balto. 12 permit. (If yes give wor or dates of service) remaval (Yes, no, or unknown) 64-03-9591 James Howard McHenry-6831 Blenheim Rd.. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic Vardio Vascular Disease ы IMMEDIATE CAUSE (o) word This certificate shauld crematian, OUF TO Conditions, if ony, which gove writing the rise to immediate couse (o), DUF TO stoting the underlying couse 0 last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEO? CERTIFICATION Cerebral Vascular Accident please execute the certificate, NO agent, prior ta YES 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING shauld DICAL EXAMINER: none CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) for yaur Hour o.m. While Not While foctory, street, office bldg., etc.) **DIRECTOR:** Page none 19 ot work ot work designated 21. I certify that I took charge af the remains described above, held on Autopsy Inspection * Inquiry X ond in my opinian directar. deoth resulted from: Notural couses X. Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL I TO DEPUTY JD. OEPUTY MEDICAL EXAMINER **EXAMINER'S** D. D. Caples, M. D. 6 Hanover And strementation Md. 9-26-67 Health NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 0 REMOVAL (Specify)
Burial St. Thomas Garrison Forest. Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR & Sons H.W. Jenkins VR A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12092 12104 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE Baltimore
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Maryland Balto.
c. CITY OR TOWN (If outside carparote limits, write RURAL and give neorest town) MARYLAND c. LENGTH OF STAY IN 1b completely filled in by the over corbon papers. Poge y event, within 72 hours at 7 days Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dulaney Towson Nursing & Convalescent Home YES NO V 115 Dunkirk Road 3. NAME OF Middle 4. DATE Day Year DECEASED (Type or print) Helen McWhirter DEATH September end comp S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH white lost birthday) female Manths Days Haurs edse remov WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? physiciap ien pledse clerical
13. FATHER'S NAME Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Steffy Company II.S.A attending phys or removo Elizabeth Lynch John McWhirter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates af service -4157 Dulaney Towson Nursing & Convalescent Home buriol, cremotion, CAUSE OF DEATH (Enter only one couse per line far (a), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. loctory, street, office bldg., etc.) FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram and that death accurred at 7:20 PM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE director, poge 3 should be filed v DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) KEVIN 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) New Cathedral Baltimore. 0 Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 H.W. Jenkins

Contact Contract Cont en diversit all established and the second and the . Montaries . Designation and Tack Colds . Faith

FOR STATE HEALTH DEPT.

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form

Health priar to burial, cremation, ar remayal, and in any event within 72 haurs after deat TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 an

This certificate shauld be executed within 24 haurs after death.

CAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

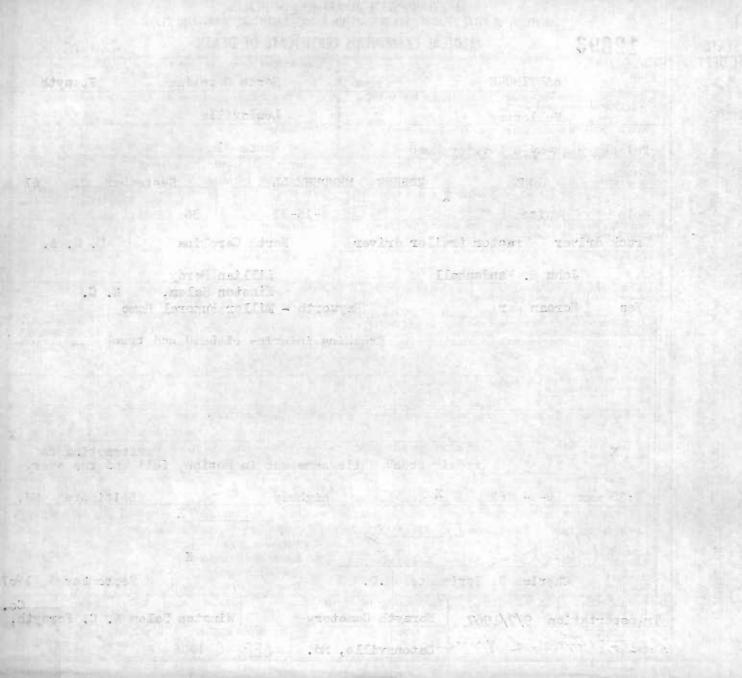
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- Applie	RUJU				60121
1. PLACE O					tion: Residence before admission)
O. COUN	BALTIMORE	MARYLAND	a. STATE Nort	h Carolina ^{b. (OU}	Forsyth
	R TOWN (If autside carparate limits, RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aut	side carparate limits, write RU	RAL and give nearest tawn)
Wille	Fullerton		Loui	sville	703
d. NAME	OF HOSPITAL OR INSTITUTION (If not in I	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Pu1	asky Highway & Lov	veley Road	Route	e #1	YES NO
3. NAME C		Middle	Lost	4. DATE Mont	th Day Year
(Type or	print) JOHN	ROBERT M	ENDENHALL	DEATH Sept	ember 3, 19 67
S. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
Mal	MILLE	IDOWED DIVORCED	4-15-31	36 yrs.	
Oa. USUAL (CCUPATION (Give kind of work done	1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
	of working life, even if retired Tracto	r trailer driver		Carolina	COUNTRY? U. S. A.
13. FATHER	S NAME		14. MOTHER'S MAIDEN N		
	John H. Mend			Lian Hardy	
(Yes, na, or	CEASED EVER IN U.S. ARMED FORCES? Unknawn) (If yes give war ar dates of serv Korean War	ice)		ston Salem, Addre	
Ye	Korean War	Ha	yworth - Mil]	Ler Funeral Ho	ome
	USE OF DEATH (Enter only one cause pe	r line far (a), (b), and (c).)			INTERVAL BETWEEN
1	ART I. DEATH WAS CAUSED BY:	Cruch	ing injurior	of head and	ONSET AND DEATH
8	240 IMMEDIATE CAUSE (a) _	CIUSI	iring rularies	or nead and	LLUUK
Conditi	are if any which and				
rise to	immediate cause (a),				
stating last.	the underlying cause (c)				
DADTI	OTHER SIGNIFICANT CONDITIONS CONTRI	RUTING TO DEATH RUT NOT PELATED TO	THE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1/a)	19. WAS AUTOPSY
ATION		BOTHO TO DEATH BOT HOT KEERLED TO	THE TERMINAL DISEASE COM	onion onen in take i(a)	PERFORMED? YES NO
20o. E PRIMAI CALISE	CTENAL CAUSE WAS LY A or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature af injury in P	art I ar Part II af item 1B.)	Attempting to
TATISF	OF DEATH.	repair truck whil	e same was in		
20c. TI	ME OF INJURY Month, Day, Year		ACE OF INJURY (Hame, farm,	2Df. (City ar tawn)	(Caunty) (State)
₹ 9:	30 xxx 9-3- 1967	While Nat While at wark	highway		Baltimore Md.
21.	I certify that I took charge of		neld an Autapsy 🗍,	Inspection X, Inq	uiry , and in my opinio
ded	th resulted from: Natural ca	uses , Accident X, Su	icide , Homicide	Undetermined m	nanner
			CHIEF MEDICAL I		The second second
SIGNA		I rent	M.D. ASSISTANT MEDI	CAL EXAMINER X	22. DATE SIGNED
EXAMI	NER'S Charles S	Springate, M.D.	DEPUTY MEDICAL	EXAMINER	Contombox 2 104
NAME	(Type)			city, tawn, ar county)	September 3, 196
	, CREMATION, 23b. DATE THEREOF			23d. LOCATION (City or To	
		67 Forsyth Cem			em N. C. Forsyth,
24. FUNER	AL DIRECTOR	ADDRESS	2Sa. REC'D	- 1007	EGISTRAR'S SIGNATURE
Case	on remende 1	catonsville	, Md. DATSEF	6 1967	

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3 11/1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12098 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12168
HEALTH DEPT.	1. PLACE OF DEATH 6. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Besidence before admission)
~= o + -:	MARYLAND a. STATE Md, b. COUNTY Balto.
b necessary, o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give rearest down)
me fur man bart	White Hall-Kural 26 yrs, Rural - White Hall 131
De De Se 5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e. IS RESIDENCE ON, A FARM?
de lay is necessary, and 3 to the funeral 3. Page 5 may be 5 xay be 5 xay a Department 2 hours after death.	3. NAME OF First Middle Last 4. DATE Month Dev Year
M3. William d	3. NAME OF DECEASED (Type or print) Delle Name of Dev Year OF DECEASED (Type or print) Delle Name of Dev Year OF DEATH SETT. 8 1967
th. If all form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
ath. ages for 2 w	WIOOWED OIVORCED 72/8/1903 63 yrs. Months Days Hours Min.
er deal live Pag with with 1 and 2	10a. USUAL OCCUPATION (Give kind of work done of the line of the l
afte ong ss 1	Housewite own Home /Vla U.S. H.
hours afte em 18. Gi ce along e pages 1 d in any	13. FATHER'S, NAME LES Hame 14. MOTHER'S MAIDEN NAME BAUBLITZ
n 24 ho I in Iten s Office t. File al, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Fallston Md
l within pencil in miner's permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
ted y in b in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) COMPART OCCURATION ONSET AND DEATH
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"be executed "pending" in of Medical Exan a burial-transit cremation, or i	Conditions, If any, which gave rise to immediate (b)
uld hef Mpef Mpef Mpef Mpef Mpef Mpef Mpef Mp	cause (a), stating the DUE TO
sho wor Chi as urial	Underlying ceuse last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
ficate shoul the word on the Chief used as a to burial,	PERFORMED? YES NO Z
certi- iting ded to ded be prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES
EXAMINER: This certificate, wi jould be forwardes. R: Page 3 shou signated agent,	
d age	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. (City or town) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, f
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection
EDICAL EXA cute the ce age 4 shoul r your files. DIRECTOR:	death resulted from: Natural causes Accident , Suicide , Homlolde , Undetermined manner
4 1 3	ACTUAL C. D. T. CHIEF MEDICAL EXAMINER
ry MEDICA execute to Page 4 i for your IAL DIRECT IN or its of the page ith or its of the page it is	SIGNATURE (M.D. ASSISTANT MEDICAL EXAMINER) OEPUTY MEDICAL EXAMINER 7/9/1/7
UTY e ey ied 1	EXAMINER'S NAME (Type) F. M. F. RANGE Address (Street, city, town, or county)
O DEPUTY M please exec director. Pr retained for of Health of	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (state)
ar	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12109 12097 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY Baltimore MARYLAND Maryland Alleghany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Owings Mills c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6 yrs. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosewood State Hospital Rt. 4. Christy NO W Road corbon NAME OF Middle First 4. DATE Last Doy Year completely DECEASED 14 (Type or print) Karen Sue MILLER DEATH 19 67 SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remove 10-28-58 birthdoy) Months Doys Haurs and in ony WIDOWED DIVORCED Female White puo 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

Dependent 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, or foreign cauntry) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Baltimore City. Md. U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Harold Miller Regina Lue Kidwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service Rosewood Recordsk Owings Mills, Maryland no none buriol, cremotion, 1B. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSEO BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), OUE TO stating the underlying cause Poge 4 moy be retoined by the hospital or attending ast. WAS AUTOPS PERFORMED II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour a.m. factory, street, office bldg., etc.) at wark at work certify that (this haspital) attended the deceased fram 1961 director, page 3 should should be filed with the 19 67, and that death accurred at 4:08 ph, mem causes and on the date stated above. DIRECTOR: saw the deceased alive to DATE SIGNED **OIRECTOR ADDRESS** 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Allegary County Cemetery Cumberland Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. CDUNTY b. COUNTY e. STATE Pers. Pages 1 at 2 hours after of Baltimore MARYLAND CITY DR TDWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL end give nearest town) Baltimore Catonsvill = completely filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Nursing Home YES NO K 005 Hanor executed within NAME OF DATE Year First Middle Last Month Day DECEASED DEATH 19 (Type or print) Miller physician and comp an please remove ca oval, and in any event AGE (In years | IF UNDER 1 YEAR last birthdey) | Months | Deys 5. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Hours 69 Negroid WIDOWED DIVORCED 0 10a. USUAL DCCUPATION (GIVe kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT INDUSTRY COUNTRY? certificate or removal, FATHER'S NAME MOTHER'S MAIDEN NAME transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SDCIAL SECURITY ND. Address death (Yes. no. or unkown) | (If yes give war or dates of service) 0 no the INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH has been signed by the same the burial-transit prior to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TD Conditions, if eny, which (b) gave rise to immediate DUE TO (a), stating underlying ceuse last certificate has (c) WAS AUTDPSY PERFORMED? CERTIFICATION 119. PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. of Health ND F YES I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING IT DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. FUNERAL DIRECTOR: After this MEDICAL 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While at work at work should 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. page DIRECTOR PHYS. Page 4 may t M.D. ADDRESS PHYSICIAN'S 22d. director, p NAME (Type) LDCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. 23a. 2 arbutus Marryland 9-9-REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 196 VR A15 (4) Funeral Home 15M 4-64

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in 24 hours after 2 hour ATTENDING PHYSICIAN: The law requires that the death certificate be executed ECTOR: After this certificate has been signed by the attending physician and completely death. Page 4

De retained by the hospital or attending physician.

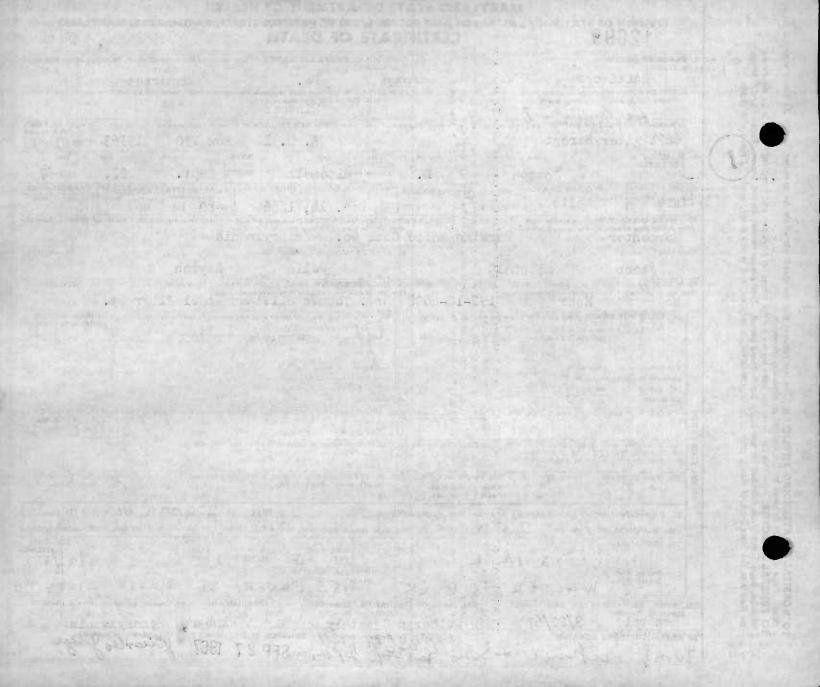
TO FUNERAL PAGE After this certificate has been signed by the attending physician and cordirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within

> VR A15 (4) 1SM 7-62

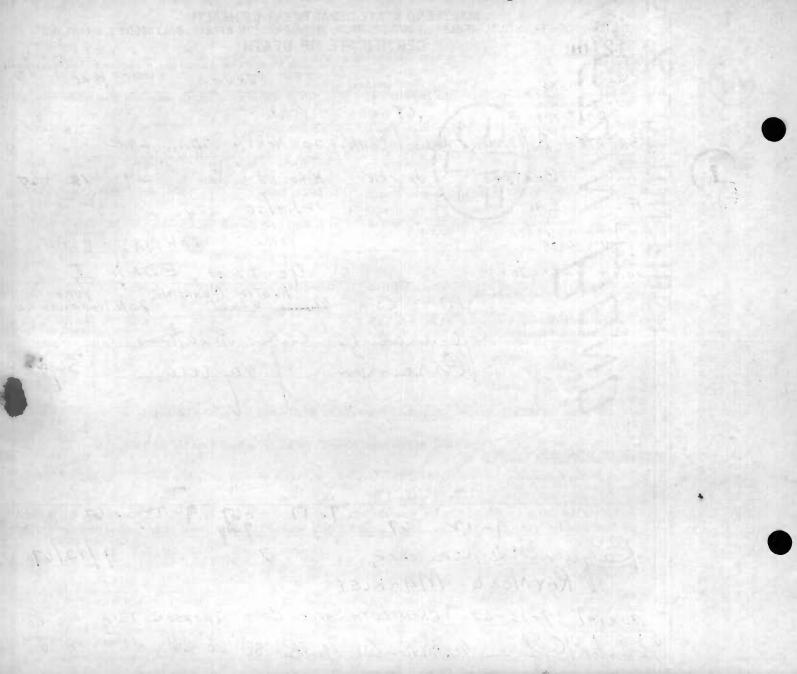
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12099 CERTIFICATE OF DEATH 12111

1. PLACE OF DEAT	Н			2. USUAL RESIDEN	CE (Where de	ceasad lived, If	institution: Re	sidence befora	admission)
a. COUNTY	imore			e. STATE		b. COU			0
	(if outside corporate limit:		MARYLAND c. LENGTH OF STAY IN 16	Pa.	Managed and an area		erset		
	d give nearest town)	»,	C. LENGTH OF STAT IN IB	c. CITY OR TOWN (orera ilmits, writ	a KUKAL and	give naaresi to	wn,
d. NAME OF HOSP	ITAL OR INSTITUTION (if	f not in hos	spital, give street eddress)	d. STREET ADDRESS				La IS	RESIDENCE
1	er Street			R. D.	1 B	ox 230	1590	ON	A FARM?
3. NAME OF DECEASED	First	THE STREET	Middla	Last	4. DATE	Mont	h	Day Ya	ar
(Type or print)	Josep	h	L.	Mitchell	OF DEATH	Sept.	2:	2, 19	67
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 Y	EAR IF UND	R 24 HRS.
Male	White	WIDOWE		Dec. 14, 188	36	80 yrs.	Months D	ays Hours	Min.
done during most of w Carpenter	TION (Give kind of work orking life, even if retired C	4)	and of Business or Industration wind White Coal	0 5	niy & State, or Sylvani		12. CITIZ	EN OF WHAT	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	10 7 7 7			
Jacob	Mito	chell		Julia		Layton			
	VER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT		Addres	s		
No No	If yas giva were relates of se None	19	92-10-4608 Mrs	s. Thomas Wil	lliams	6821 A	lter S	t.	
18. CAUSE OF	DEATH Entar only one	causa par l	lina for (a), (b), and (c).]	Λ.		Λ		INTERVAL B	
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Can	mona - ch	lhun - one	in h	who	-	ONSET AND	DEATH
1991	DUE TO			18	2				
Conditions, if an	y, which) (b)							100	
gave rise to immad	DUIT TO								
(a), stating the cause last.	undarrying							HART T	
	(c)_ R SIGNIFICANT CONDIT	IONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART		AUTOPSY ORMED?
3								YES [NO D
OR CONTRIBUTING	YAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part I	of itam 1B.)			
20c. TIME OF INJI	URY Month, Day, Yea	r 20d. While	Not While tect	CE OF INJURY (Homa, farm ory, streat, office bldg., atc		r or town)	(Coun	(y)	(State)
		al) atten	ded the deceased from.		1966. 10	Sud 2	2 . 196	(1)	(we) las
			196.7., and that	.)		- 11			
22a. SIGNATURE	O.A.		Λ		MED.	STAFF			b. DATE
	olly3.	1 Sur	La M	.D. PHYS.	DIRECTOR	PHYS.		9/2	2/67
22c. PHYSICIAN'S NAME (Type		P_ 1	3. BUCK	18 E EA	SER	ST. C	BALTO	212	2/1/
REMOVAL (Specify		EOF	23c. NAME OF CEMETERY			ATION (City, to	73		Steta)
Removal	19/22/67		Lutheran Cer			CONTRACTOR OF STREET	Pennsy	Lvania	
24 FUNERAL DIRECTO	DIC CICNIATIIDE		ADDRESS / .L.	4 DE- DEC	C'D BY REGIS				



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4. 12.4.	12100 CERTIFICATE OF DEATH
ter deat	1. PLACE OF DEATH a. CDUNTY a. CDUNTY a. STATE PENNA b. COUNTY FORK
24 hours at Milled in by 1 hours a Pagers. Page 172 hours a	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) BAIT MORE C. LENGTH OF STAY IN 1b C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) ORK ORK OSTREET ADDRESS ON A FARM?
within in pletely aron it, with	3. NAME OF DECEASED P First Middle Last 4. DATE Month Day Year
and com	5. SEX F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) WIDOWED DIVORCED 12/14/20 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR lind in the lind of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (County & State, or foreign country) 13. BIRTHPLACE (County & State, or foreign country) 14. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT COUNTRY?
certif	John Zeigler. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTA 15. 100 /
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
requires th ding physic been signe the burial-l or to burial,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. Conditions, If any, which cause last.
or a or a cate r use ealth	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO
PHYSI the h this detacl	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 4 20c. TIME OF INJURY Month, Day, Year Hour a.m. 9 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 9 4 20c. TIME OF INJURY Month, Day, Year And INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)
OR ATTENDING PA to be retained by the DIRECTOR: After t ge 3 should be de led with the State	21. I certify that (I) (this hospital) attended the deceased from 7 17, 19 67, to 9 17, that (I) (we) last saw the deceased alive on 9 1967, and that death occurred at 7 40 M, from the causes and on the date stated above. 22a. CIGNATURE 22b. DATE SIGNED
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page.	Raymond Markley M.D. ATTENDING MED. STAFF PHYS. DIRECTOR
TO H Pag TO F dire sho	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DECEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 9-16-67 CHRISTLUTH, CHURCH CEM. THEKSON TWP. PA. 24. JUNEAL DIRECTOR 25a. REC'D BY REGISTRAR'S SIGNATURE
VR AI5 (4) 20M 1/65	John Welle Geffer Gozhit Roseline York DATE SEP 15 1961 Junior grantes



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12101 CERTIFICATE OF DEATH and 2 that the death certificate be executed within 24 hours after death. by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY MARYTAND BALTIMORE ve cachen papers. Pages 1 event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH DE STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2235 Boston Street VETERANS ADMINISTRATION HOSPITAL YES NO 3. NAME OF First Middle Lost 4. DATE Yeor campletely DECEASED 9/28/67 MONROE SPEED O'CONNELL (Type or print) DEATH 19 S. SEX MATE DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR birthday) Months Hours 3/18/20 and in any WHI THUS DIVORCED WHITTE WIDOWED 10b. KIND OF BUSINESS OR 10o. USUAL DCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S.A. INDUSTRY attending physician permit. Then please HORTON, KENTUCKY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, ANDREW MONROE WILLIE KIRKENDALL 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 401 12 29 03 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA WITH METASTASIS IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TD Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying couse Dept. af Health prior ta last ds 19. WAS AUTDPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20b. DESCRIBE HOW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After to 9/28/67 21. I certify that (\$\sum (this hospital) attended the deceased from director, page 3 shauld shauld shauld be filed with the 9/28/6719 , and that death occurred of :30PM, from couses and on the date stated above. sow the deceosed olive on. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 10/5/67 20 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND GEORGE DUDAS, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d: LOCATION (City or Town) -23o. BURIAL, CREMATION (County) (Stote) BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

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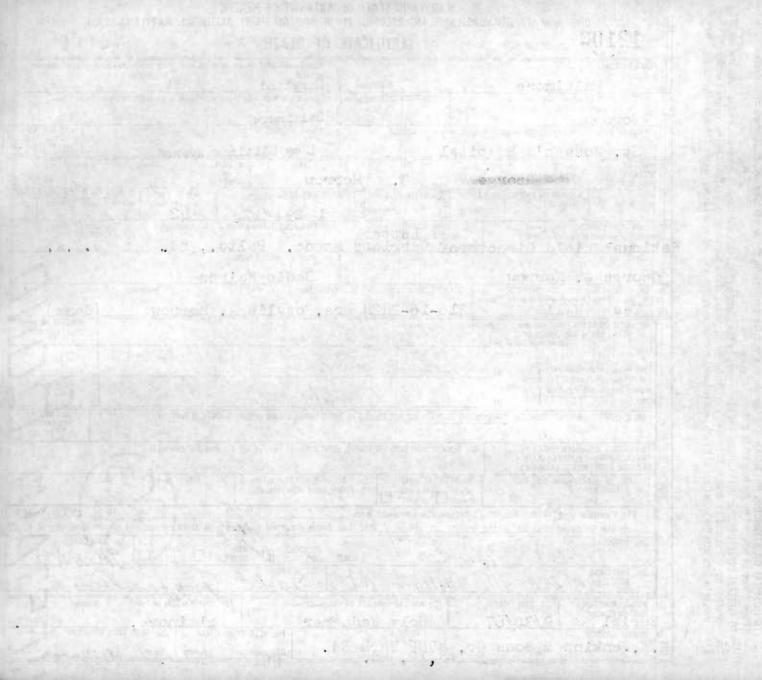
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12103 12114 CERTIFICATE OF DEATH 24 haurs after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages I and hurial tremation at removal, and in any event, within 72 haurs after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Baltimore Towson d. STREET ADDRESS e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? 1264 Gittings Avenue St. Joseph's Hospital YES NO law requires that the death certificate be executed within 3. NAME OF Middle Lost 4. DATE Day Year DECEASED George G. Morrow (Type or print) DEATH IF UNDER I YEAR OIF UNDER 24 HR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) Manths Dovs Haurs M W WIDOWED DIVORCED 29 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY Letter 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign cauntry) during most of working life, even if retired) COUNTRY? Assoc Balto. ational Field Directorof Carriers 13. FATHER'S NAME George G. Morrow Sadie Kairns 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates af service) Yes 216-16-21/21 Mrs . Rosalie A. Morrow Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO te has been s stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar far 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Manth, Doy, Year (County) Haur o.m. foctory, street, office bldg., etc.) Nat While ot wark ot work 21. I certify that (this hospital), attended the deceased fram. shauld 19 67, and that death occurred at 1/35M, from causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld 238. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Burial 9/30/67 Holy Redeemer Baltimore Md 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 20 M 1/66 .W. Jenkins



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral sirrector, page 3 should be detached for use as the burial-transit permit. Then please tamove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12104 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE Ma DY and b. COUNTY Baltinano
b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	30.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE
0	ON A FARM?
GREATER BAITIMORE Med, CENTER	
3. NAME DF FIRST MIDDLE MARKET	Last 4. DATE Month Oay Year
	CICRONE DEATH SEPTEMBER 211967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min
Female Cauc. WIDOWED DIVORCED	3/2/3/ 36 yrs. Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Medical Secv. Hopkins Hosp.	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE WINKLER	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
70 1/1/21/	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
	bert Mucciarone, husband, above
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Respira?	with metastosis
DUE TO	
Conditions, if any, which (b) CA of breast	with motostesis
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ICA	PERFORMED? YES NO V
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 9	
	death occurred at 10 LM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED CTASE 22b. DATE SIGNED
E. Aletatho M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 9/25/67 Holy Redeen	ner Cem. Baltimore, Md.
Schimunek Funeral Home, Inc.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3331 Brehms Lane	DATESEP 2 5 196/ Juliantes Juliantes
DOOR OTELLING DOLLE	1 Price

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1.	PLACE OF DEATH a. CDUNTY	Bal	timore		MARYLAND	2. USUAL R a. STATE		1)	d lived, If ins b. COUN	ITY A	timore
	b. CITY OR TOWN write RURAL	N (if outside corpo and give nearest t	rate limits, own)	c. LENC	GTH DF STAY IN 18		DWN (If outsi		te limits, wr	Ite RURAL and	give nearest tow
0		PITAL DR INSTITUTION			ive street address	d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
	NAME OF DECEASED	JOSOIL IVOV.	First		Middle	Last	yce Av	DATE DF	Month	1 Da	YES ND Ay Year
5.	(Type or print)	6. COLDR DR RAC	Bertho.		ER MARRIED [RE BATE DE BI	RTH	DEATH)	entemb	IFUNDER LYEA	19 67
	Male	Write	WIDDWE	D 🔀	DIVORCED	March 2	0, 1872	2 95	t birthday) yrs.	Months Days	Hours Min
auri	Uptomit	ION (Give kind of wo ng life, even if ret ust – nex	red)	INDUSTRY	usiness or	Nick!	asdorl,	fust	oreign country	12. CITIZE COUNTI	N DF WHAT RY?
	Ernest	Micke				1	na Mari	ie Per	chke		
15. (Yes	WAS DECEASED E	VER IN U.S. ARMED (If yes give war or date	FORCES? 1	6. SDCIALS		. INFORMANT	iicke .	Surto	Addres	S	
LIFICATI	Conditions, If a gave rise to cause (a), strunderlying cause PART II. DTHERS	Immediate ating the last. IGNIFICANT CONDITIONS WAS UNDERLYING	EE (a) (b) DE TO (c) FIDNS CONTRI		DEATH BUT NOT RE					PART 1(a) 19	O. WAS AUTOPSY PERFORMED?
, ,				INJURY DO	CURRED 20e. PI	ACE DF INJURY (I	Home, farm, bldg., etc.)	20f. (City	or town)	(County)	(State)
ν.	21. I certify	that (I) (this hoeased alive on	spital) atter		eceased from_ 967, and th	at death occurr D. ATTENDING PHYS. 22d. ADD	MED.		the causes		
23a.	BURIAL, CREMA REMOVAL (Spe	ATION, 23b. DAT	E THEREOF	23c. 1	NAME OF CEMETE	RY OR CREMATOR		3d. LOCAT	1	wn or county)	(State)

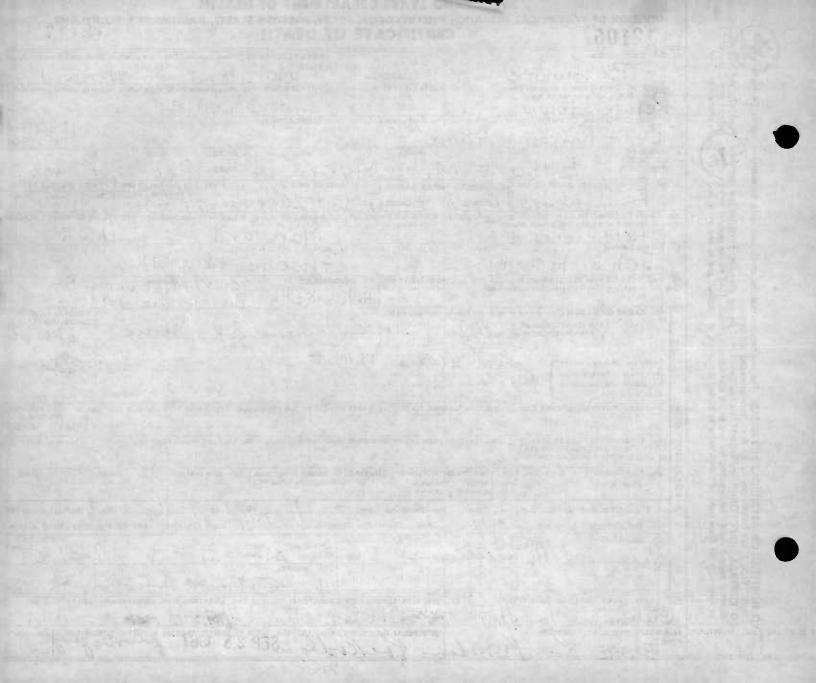
Latest against the property BENEAU PROMETER TO THE TOTAL DEFECT TO THE PROPERTY.

					ARYLAND
				DEATH	12116
1.	a. COUNTY	MARYIAND	a. STATE	deceased lived, If institution: b. COUNTY	Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Reisterstown	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of Baltimore	corporete limits, write RURA	L and give nearest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (if not In		d. STREET ADDRESS	Avenue	a. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First	Middle n Frederick	Last 4. DAT	E Month	Day Year 27 19 67
	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUNDE last birthday) Months	D 1 YEAR HE HINDER 24 HRS
	. USUAL OCCUPATION (Give kind of work done lob. ing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
13.	- 00012 111012		14. MOTHER'S MAIDEN NAME	ley	
15 (Ye	s, no, or unkown) (If yes give war or dates of service)		6		Drive, Aptl
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) G1 G1 Conditions, If any, which gave rise to immediate cause (a), stating the undarlying cause last. G2 G1	nshot wound rt			INTERVAL BETWEEN ONSET AND DEATH 7 hrs(est)
ICATION					YES NO
		ind with 22 cal.	revolver in har	nd & bullet wo	und in rt.
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Est. Hour KM. 9-27-67 19 Whilat wo	e Not While Brook	cor of injury (Home, farm, 20ff, street, office bldg., etc.) coury Drive	(0.0)	ounty) (State)
	21. I certify that I took charge of the re	mains described above, hel	d an Autopsy, Inspecticide, Homicide, Chief Medical Examin, Assistant Medical Examin	Undetermined manner ER MMINER	, and In my opinion 22. DATE SIGNED
	(IMM (IMPO)		anovadare Bod Street Poly for	werstann, Md.	9-27-67
232	REMOVAL_(Specify)	7 Moreland M	em park B	altimore, M	aryland
0.4	FUNERAL DIRECTOR.	ADDRESS	TOTAL DEAL BEAUD DV DE	CISTRAR 25h REGISTRA	DIC CLONIATIIDE
	3. S. 10a during 13. 15. (Ye	Division of STATISTICAL RES 12105 MEDICA 1. Place of Death a. COUNTY Beltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Reisterstown d. Name of Hospital or Institution (if not in Brookbury Drive 3. Name of Deceased (Typa or print) 5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWEI 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock man 13. FATHER'S NAME William Muth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or umkown) (If yes give war or dates of service) Yes WILT 18. CAUSE OF DEATH (Enter only ona cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Grave rise to immediate cause (a), stating the undarlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY Gror CONTRIBUTING CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY Gror CONTRIBUTING CAUSE OF DEATH. 20a. TIME OF INJURY Month, Day, Year 20d. Whill as the cause of Death. 20a. Time of Injury Month, Day, Year 20d. Whill as the cause of Death. 21. I certify that I took charge of the redeath resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S D. D. Caples, M. 23a. BURIAL, CREMATION, 23b. DATE THEREOF EXAMINER'S NAME (Type) D. D. Caples, M.	Division of STATISTICAL RESEARCH AND RECORDS 12105 MEDICAL EXAMINER'S NEDICAL EXAMINER'S 1. PLACE OF DEATH 3. COUNTY Beltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Reisterstown d. NAME OF DEVELOR OR INSTITUTION (if not in hospital, give street address) Brookbury Drive 3. NAME OF DECEASED (1/pa or print) Villiam Frederick S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED NOWARISE OR INDUSTRY DIVORCED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) Stock Male William Muth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes gire war of dates of serice) Yes WW III 18. CAUSE OF DEATH (Enter only on a cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PRIMARY TO OR CONTRIBUTING DUE TO CONDITION (BIVER WAS CAUSED BY: CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELA PRIMARY TO OR CONTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTIONS 20b. DESCRIBE HOW INJURY OCCUPATED 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUPATED 20d. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTIONS 20d. DESCRIBE HOW INJURY OCCUPATED 21. I certify that I took charge of the remains described above, held death resulted from: Natural causes A. Accident A. Sui ACTUAL 23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY RAMME (Type) D. D. Caples, M. D. 6 Has 23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUT 12 23c. NAME OF CEMETER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE 1. PLACE OF DEATH 2. COUNTY OF TOWN (if outside corporate limits, with RUMA: a. STATE Beltimore D. CITY OR TOWN (if outside corporate limits, with RUMA: a. STATE Mary Land D. CITY OR TOWN (if outside corporate limits, with RUMA: a. STATE Mary Land D. CITY OR TOWN (if outside corporate limits, with RUMA: a. STATE Mary Land D. CITY OR TOWN (if outside corporate limits, with RUMA: a. STATE Mary Land C. CITY OR TOWN (if outside corporate limits, with RUMA: a. STATE Mary Land C. CITY OR TOWN (if outside corporate limits, with Ruma: a. STATE Mary Land C. 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A STATE OF THE PARTY OF THE PAR 5 1 0,02,2 Patricipal Company Care) and I will be the care of care and an experience of the care of the car The same of the land of the la The country and supplied the second of the s THE THE WORLD SEE THE PROPERTY OF THE PROPERTY A TOO TO THE RESERVE TO BE A TOO TO THE RESERVE TO

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY b. COUNTY 12 d and 2 death. timor MARYLAND Wax b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give, nearest town) after usters TOWN ages within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W letely executed NAME OF First Middla Lest 4. DATE Month Day Year DECEASED OF comp (Type or print) DEATH 67 19 event, with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months WIDOWED X DIVORCED certificate physician 1De. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any ano 13. FATHER'S NAME 드 aftending Pue 0 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT removal, (Yas, no, or unkown) | (If yes give wer or detes of service) requires that certificate has been signed by the permit. the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one cause pos line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit DUE TO Conditions, if any, which geve risa to immadiate ceuse DUE TO (a), steting the underlying burial, couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? use prior NO X 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4 may be retained by the h. DIRECTOR: After this co. 3 should be detached for the State Dept. of Health pr for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm,) 2Df. (City or town) (County) (Stete) While fectory, street, office bldg., etc.) Hour a.m. Not While at work at work 19 p.m. 19.62 199. L, that (I) (we) last19.6.7..., and that death occurred at 1.3...M., from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b. DATE MED SIGNED death. Page 4 PHYS. DIRECTOR PHYS. HOSPITAL M.D. page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, p 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23Ь. DATE THEREOF (Stete KEMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 2DM 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

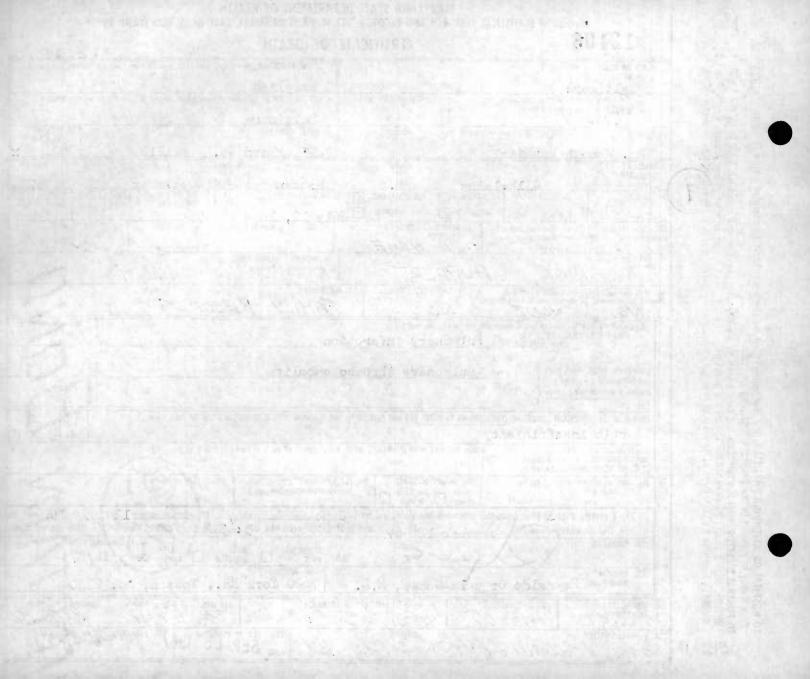


MARYLAND STATE DEPARTMENT OF HEALTH

Percent while the second of th AND THE PARTY OF T SAVIET MESS, SEAS RESTER BOW THAT . Anderson De C V De 1987 THE RESIDENCE OF THE PARTY OF T Company of the Elizabeth and the second of t SOU LETTICALLS SEDS. INC. AND TITLESTON OF ST. SEPTEMBER.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12108 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OWSON Baltimore and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO SE hin St. Joseph Hospital 7211 Oxford Rd. carban Lost 4. DATE Doy Year DECEASED in any event, (Type or print) Wilhelmina Neumann DEATH September 9. AGE (In years lost birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. remave Months Dovs Hours DIVORCED White v 12, 1892 Female 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY HOME Homemaker Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys remova HUPPFRT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unknown) (If yes give wor or dotes of service NONE NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Pulmonary infarction IMMEDIATE CAUSE (o) Conditions, if ony, which gove pulmonary thrombo embolism rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Aortic insufficiency NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 1967 toSeptember 1219 67 that (X (we) last 21. I certify that 10 (this bospital) attended the deceased fram June 29 be retained ombon 1219 67, and that death accurred at5:45 AM, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE 9/12/67 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S directar, po shauld be f NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYIAND STATE DEPARTMENT OF HEALTH

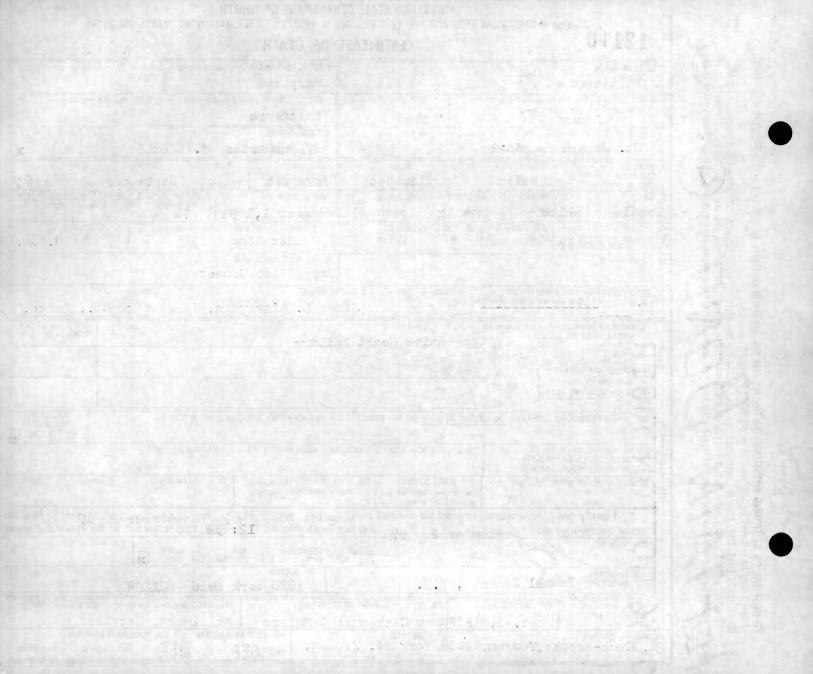


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12120 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY delay is and 3 to M3. Page 90 Baltimore
b. CITY OR TOWN (If outside corporate limits, MARYLAND Maryland Baltimore the State Department c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) 2, and PM3. write RURAL and give nearest town) Phoenix phoenix d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) alang with farm in Item 18. Give Pages NO X Green Glade Road Green Glade Road This certificate shauld be executed within 24 haurs after death. 3. NAME OF 4. DATE First Month DECEASED (Type or print) MAREDA DEATH ELIZABETH NICHOLS September AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthday) Months January 15. WIOOWEO DIVORCEO Office Femade White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INQUSTRY COUNTRY? event within 72 haurs after in pencil in l Examiner's (Vermont Housevile Own Home 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Arthur W. Miller Alice Gilpin 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no or unknown) (If yes give wor or dates of service Family records None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. OEATH WAS CAUSED BY: ONSET AND DEATH Asphyxia due to Carbon Monoxide Poisoning IMMEDIATE CAUSE (o)_ please execute the certificate, writing the ward DUE TO any Conditions, if ony, which gove Page 4 shauld be farwarded to rise to immediate couse (o), OUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remayal, CERTIFICATION NO 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 shauld crematian, ar CAUSE OF DEATH. Subject commit suicide MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work of work Baltimore Home (Garage) Phoenix 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE *OEPUTY MEDICAL EXAMINER* **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) Russell S. Fisher, M.D. September 25, 1967 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) 2 remation Greenmount (emeteru Baltimore. Marulana 24 FUNERAL DIRECTOR VR A15ME (5) John Burns' Sons, Towson, Maryland 6M 1/67

SECTION AND SECTION a sale di la constante

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12110 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the attending physician and completely filled in by the funeral sit permit. Then please remove carbon gapers. Pages 1 and mation, or removel, and in one event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. Count timore Maryland b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Baltimore Towwen d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 427 Dumparton Rd. #21212 YES NO 3. NAME OF Middle DATE Lost Month Dov Year DECEASED Helen Elizabeth Nickerson September 19 6 (Type or print) DEATH S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours White Female December 1,1894 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12, CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lundy Mary Ellen Connor 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) James L. Nickerson, 18 Wilford Ct., Balto.Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Congestive Heart Failure signed by ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). r this certificate hos been si detached for use os the b te Dept. of Health prior to b DUE TO stoting the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO be retoined by the hospitol or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from August 30 , 19 67, to September, 29 67 that (I) (we) last sow the deceased alive or september 2 1967, and that death occurred a 2:45 M, from couses and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) small Jamora . M?D. 7620 York Road #21204 director, I 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) 5, 1967 New Cathedral Cemetery Baltimore, Maryland Sept. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson, 1050 York Rd, Towson, VR A15 (4) 1967 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



Chould ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 be retained by the hospital or attending physician.

O FUNERAL CCTOR: After this certificate has been signed by the attending physician and completely did director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

TO HOSPITAL death. Page 4 VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

					14.40
. PLACE OF DEAT	н			E (Where deceased lived, If b. COUN	institution: Residence before admission)
Baltir	more	MARYLAND	. STATE Marvl		
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 16			e RURAL and give nearast town)
	nd give nearest town)		D-744		30 1
Towson	ALL OD INSTITUTION (SE	in homital miss street address)	Baltimor	'0	e. IS RESIDENCE
		in hospital, give street address)		D - 1 1	ON A FARM?
Chesape	eake Manor I	Wursing Home			Ave YES NO TO
DECEASED	First	Middle	Last	4. DATE Month	Dey Year
(Type or print)	Katherin		en	DEATH Sep	tember 28 1967
S. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
F			12/28/1885	Sast birthday) yrs.	Months Days Hours Min.
Oa. USUAL OCCUPA done during most of w	ATION (Give kind of work working life, aven if retired)	10b. KIND OF BUSINESS OR INDUSTI			
House	wife	Own Home	Mobile, A		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
John	O'Donnell		Annie Cal	lcam	
5. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
37	(If yes give war or dates of service		162 16	C M:-7	(G)
NO LISE OF	DEATH (Enter only one saus	299-01-53311D to per line for (a), (b), and (c).	Miss Margai	ret C. Niel	sen (Same)
	TH WAS CAUSED BY:	P			ONSET AND DEATH
PARI I, DEA	IMMEDIATE CAUSE (e)	Ineum	me		ULYS
422	DUE TO	11.			6,
Conditions, if an	ny, which) (b)	XI. Ital.	11/41		Yurs
gave rise to immed	diate causa	1xmuque	- 411-	Λ	-
(a), stating the	underlying DUE TO	1. 1.	1 7:	1-114.	very Ver
cause last.) (c)	Merros	ueroue	c vac	seem jees
PART II. OTHI	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3					YES NO
PART II. OTHI	WAS UNDERLYING 1 201	b. DESCRIBE HOW INJURY OCCURE). (Enter nature of injury in Pa	art I or Part II of item 18.)	
OR CONTRIBUTING	G CAUSE OF DEATH				
	Y MEDICAL EXAMINER)				
20c. TIME OF INJ			ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)		(County) (State)
Hour e.m.		While Not While 180	,		
			May 8 1	of7 in Sept	28, 196.7that (I) (16%) las
21. I certify	that (i) (misk no spikai)	affended the deceased from.	04)	29.2, 109.22.2.2	26.52, 1727 IIIai (1) (WA) ias
saw the decea	ased alive on	71.4.019Q.1, and tha	death occured a		and on the date stated above
22a. SIGNATURE	nr	- 7	ATTENDING MI	ED. STAFF	22b. DATE SIGNED
	11	(sundary		RECTOR PHYS.	9-28-69
22c. PHYSICIAN'	S		22d. ADDRESS		
NAME (Typ	Dr. Rich	nard K. Gundry	2 W T	Jniversity 1	Pkwy.
3a. BURIAL, CREMA REMOVAL (Specific	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OK CKEMATORY	23d. LOCATION (City, to	
RemBur		67 Rose Hill		Akron,	Ohio_
LA FUNERAL DIRECTO	OR'S SIGNATURE	ADDRECS	25a. REC'.	D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
H.W.Jenk	ins & Sons	Co. 4905 York 1	Md. DecT	2 196/ /	harles Judge
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission), e. COUNTY Baltimore b. COUNTY Maruland MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Baltimore atonsville. 2 d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, giva streat addrass) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1801 Ramsau St Summit Nursina Home YES NO completely 3. NAME OF Middle 4. DATE Day Month Yeer DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years lest birthday) and Months Hours Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Bar ounty Mayo-Ireland Juner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Healey Thomas Nolan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs Bridget Nolan. 1801 Ramsay St INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 201. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer lectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 3350 Wilkens Ave NAME (Type 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 5 2 (athedral (em Balto Md ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 Kenny Inc 1600 Hoblins St

MARYLAND STATE DEPARTMENT OF HEALTH

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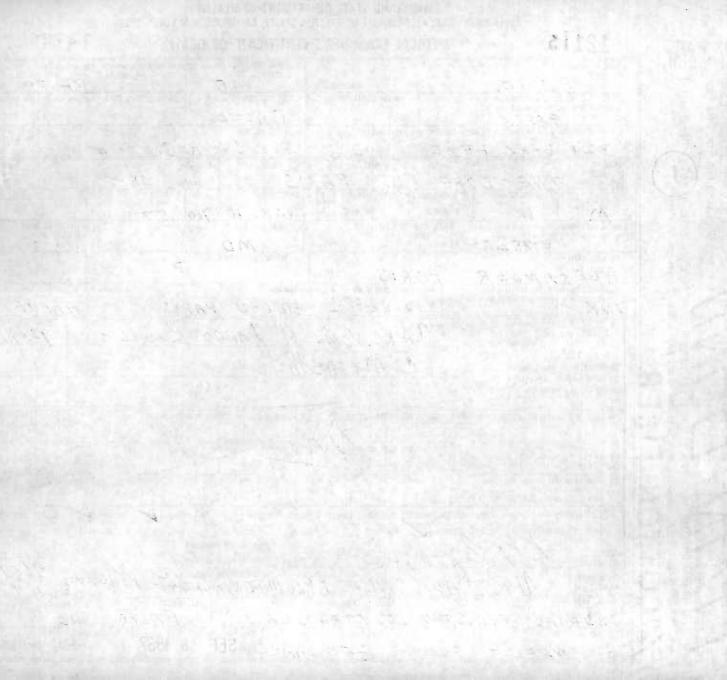
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Md CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A LI Pag 24 hours Baltimore Towson filled ir papers. nin 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within The Alameda YES NOX X Greater Baltimore Medical Center completely ive carbon p executed within NAME OF First Middie DATE Last Month Day Year DECEASED POTA 9 FRANGES PANOS 14 67 (Type or print) DEATH 19 and cor SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours WIDOWED DIVORCED [emale 12/6/1893 physician and please reval, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Greece Greece death certificate attending phys ermit. Then ple on, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Constantine Franges Patricia Masters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) No Hospital Chart INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that ti the hospital or attending physician. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate h hed for use t. of Health p PERFORMED? YES -NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) I be detached for State Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING P After at work at work p.m. DIRECTOR: A age 3 should lied with the 1967 to 9/14 19 67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 67, and that death occurred at 30 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURA p.m. filed MED. ATTENDING STAFF PHYS. 9/15/67 DIRECTOR PHYS. Page 4 may pa HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type) John E. Adams, M.D. 6701 N. Charles Street BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 9-18-67 Greek Orthodox Balto. Md. Co. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR H.W. Jenkins &Sons Co. 4905 York Rd., Baltomgpp VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 72126 12115 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE 2, and PM3. Poge b. COUNTY any deloy is LTO MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 55EX BALTO. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4 should be forwarded to the Chief Medical Examiner's Office along with form 50. NO a This certificate shauld be executed within 24 hours ofter death. 3. NAME OF 4. DATE Year DECEASED the 19 6 SEPT DORE (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED poges lond2 wit lost birthdoy) Months Hours in Item 18. event within 72 hours after death. WIDOWED DIVORCED MAR. 10.1910 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol-transit permit. File 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) If yes give wor or dotes of service HELEN ABOUE 18. CAUSE OF DEATH (Enter only one couse per line for to) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO in ony Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 puo OS 3 should be used 19. WAS AUTOPS' removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? 20o. EXTERNAL CAUSE WAS OCCURRED. Atmer noture of injury in Port I or Port II of item 18.1 20b. DESCRIBE HOW INJURA cremation, or PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ... Inquiry ond in my opinion funerol director. deoth resulted from: Noturol couses 1 Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED SIGNATURE **EXAMINER'S** Maddres Atreen to how mounty NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION DATE THEREOF (County) 50 ST. STANISLAUS 24. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME 6M 1/67



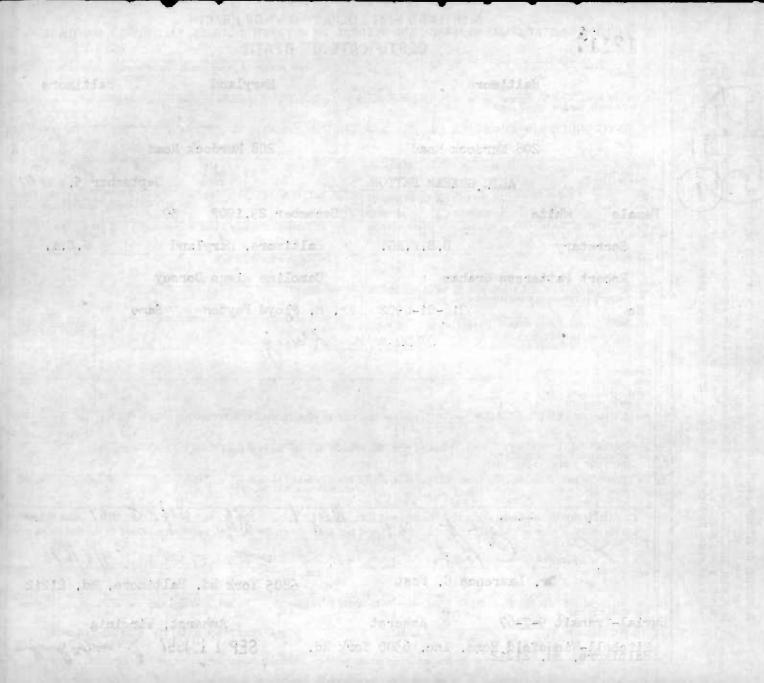
	PLACE OF DEAT	н Baltim	ore		a.	SUAL RESIDEN	CE (Where da	ceased lived, If b. COUI		idence before	
-	b. CITY OR TOWN		limits.	c. LENGTH OF STAY		CITY OR TOWN		orate limits, writ			
-				ospital, give street eddress)	70 d.	904 Rose STREET ADDRESS	land Av	renue r	altimor	0.	S RESIDENCE
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9	ona during most of w	orking life, even if a	etired)	Cogswell Con	st.	Dal timor	e	mryj		5.A.	COUNIK
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ATION	(e), stating the u	underlying DUE	(c)	NTRIBUTING TO DEATH B	UT NOT RELATI	ED TO THE TERMI	NAL DISEASE (CONDITION GIV	VEN IN PART 1(PE	RFORMED?
CERTIFICATION	(e), stating the u	R SIGNIFICANT CO	(c)	INTRIBUTING TO DEATH B					VEN IN PART 1(a) 19. WA PE YES	S AUTOPS RFORMED?
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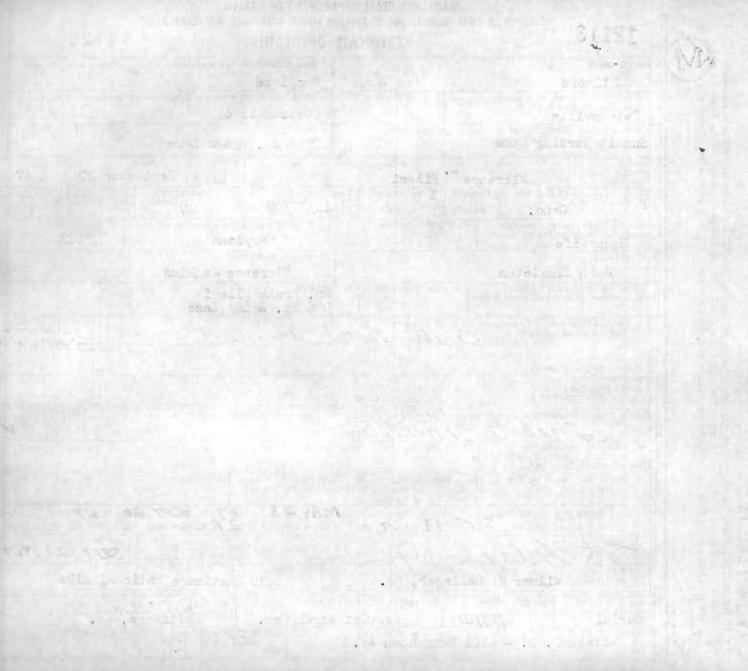
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	Baltimore	MADV! AND	2. USUAL RESIDEN	ICE (Where deceased lived, If Ins	titution: Residence before admission)
	b. CITY OR TOWN (if o write RURAL and gl	utside corporate limits, ve nearest town)	c. LENGTH OF STAY IN 1			ite RURAL end give nearest town)
-	d. NAME OF HOSPITAL	OR INSTITUTION (if not in h	ospital, give street addres	d. STREET ADDRESS		l a. IS RESIDENCE
0		208 Murdock		,	Murdock Road	ON A FARM? YES NO A
1	3. NAME OF DECEASED (Type or print)	First ALIC GRA	Middle HAM PEYTON	Last	4. DATE Month	Day Year tember 5, 19 67
) -	5. SEX 6. CO	LOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
		nite WIDOWED		December 29	, 1907 last birthday) 59 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Gi during most of working life	, even If retired)	IND OF BUSINESS OR NDUSTRY		County & State, or foreign country	COUNTRY?
-	Secretar:	У	U.S.F.&G.	Baltimore	, Maryland	U.S.A.
	Pohont P	atterson Graha	200		Riggs Dorsey	
-	15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16.		7. INFORMANT	Addres	SS .
	(Yes, no, or unkown) (If yes	21		ir, M. Floyd	Peyton Same	
	PART I. DEATH W	EDIATE CAUSE (a)	ing for (a), (b), and (c).] AZ CLUBMA	Lung		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, w gave rise to immed cause (a), stating	liate (V		
	PART II. OTHER SIGNIFI	CANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
	PART II. OTHER SIGNIFI 20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY M	NDERLYING 20b. CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CURRED. (Enter nature o	f Injury In Part I or Part II o	
	20c. TIME OF INJURY Hour e.m. p.m.	Month, Day, Year 20d. I While 19 at work	Not While fa	LACE OF INJURY (Home, f ctory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
	21. I certify that saw the deceased	(I) (this hospital) attend			966, to Oeffs	7, 1967, that (I) (we) last and on the date stated above.
	22a. SIGNATURE)	uce C. For	1	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Dr. Lawrence	C. Post	22d. ADDRESS 6805 Y	ork Rd. Baltime	ore, Md. 21212
	23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETI	RY OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
	Burial-Transi	t 9-7-67	Amherst		Amherst, Vin	rginia
	24. FUNERAL DIRECTOR Mitchell-Wi Baltimore.	edefeld Home,	Inc. 6500 You	k Rd. DATE	SEP 11 1967	ESTSTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12113 12129 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after deoth funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY timore a STATE Mer yland b. COUNTY MARYLAND ease remove corbon papers. Pages 1 and in any event, within 72 hours after by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE .⊆ Summit Nursing Home 906 S . Agnes Lane YFS NO NAME OF 4. DATE attending physician and completely f permit. Then please remove corban First Middle Lost Month Doy Year DECEASED September 20 Florence Pileci 19 DEATH (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdoy) Months Hours 11/27/99 Cauc. WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRYSA INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, John Singleton Florence Jenkins INFORMANFrank Pileci IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 906 St. Agnes Lane cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEAT retro-var Cular acciden IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or ottending physician. 331X DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse prior to { has been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Stote Dept. of Health NO this certificate OR ATTENDING PHYSICIAN: for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Port || of item | 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work FUNERAL DIRECTOR: After ot work 21. I certify that (I) (this haspital) attended the deceased fram MAY 23, 1967, to SEPT. 20, 1967 that (I) (we) last saw the deceased alive an SEPT. 19 1967, and that death occurred at 3 PM, fram causes and an the date stated above. director, page 3 should should be filed with the 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING SEPT. 21,1967 M.D. 22c. PHYSICIAN'S 22d. ADDRESS Wilmer Gallager 6630 Baltimore National Pike NAME (Type) , Jr. 23d. LOCATION (City or Town)
Baltimore, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) New Cathedral Cem. 250. REGISTRAR 19675b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR F. D. - 4101 Edmondson Av. VR A15 (4) 25M 1/67 DATE



1.	12119 CERTIFICATE	OF DEATH	
_	PLACE OF DEATH e. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	USUAL RESIDENCE (Where decessed lived, If institution, Residen STATE	TO
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) BRUIN ORE	c. CITY OR TOWN (If outside corporete limits, write RURAL end give	nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
3.	NAME OF ESSEX KOAD NAME OF First A. ALLAN POLAKOFF)	Last 4. DATE Month Dey	Yes NO
5.	(Type or print) ABRAHAM	POLAKOFF DEATH SEPT 24	1947
	WIDOWED DIVORCED 3	9. AGE (In yeers IF UNDER 1 YEAR lest birthdey) 8 / 1 / 9 9 8 yrs.	Hours Min.
de	e. USUAL OCCUPATION (Give kind of work using most of working life, even if retired)		OF WHAT COUNTI
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	50
15	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	SOPHIE Address	
(Y	No (If yes give were reference) 215-22-8597 No	RS EDITH POLAKOFF 3307 ESSE	x ROAL
	18. CRUSE OF DEATH [Enter only one ceuse per liny for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause (e), steting the underlying cause lest.	7 rectum	TERVAL SETWEEN HSET AND DEATH MUTH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED		PERFORMED?
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 While of work et work 21. I certify that (I) (this hospital) attended the deceased from	pry, street, office bldg., etc.)	hat (I) (we)
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour e.m. p.m. 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occurred at	that (I) (we) te stated above
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour e.m. p.m. 19 20d. INJURY OCCURRED While Not While et work et work 21. I certify that (I) (this hospital attended the deceased from saw the deceased alive on	death occurred at M.M. from the causes and on the dat	hat (I) (we) te stated abov 22b. DAT SIGN
MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour e.m. p.m. 19 21. I certify that (I) (this hospital) attended the deceased from 22c. SIGNATURE 22c. SIGNATURE M.E.	death occurred at	that (I) (we) I to stated above 22b. DATI SIGN

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and 2 death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept.

MARYLAND STATE DEPARTMEN	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PR	ESTON STREET, BALTIMORE 1, MARYLAND
12120 CERTIFICATE OF DE	

TIA TIME OF	CENTIFICATI	L OF DEATH		12101
1. PLACE OF DEATH a. COUNTY Baltmare	MARYLAND	2. USUAL RESIDENCE (V a. STATE	Where deceased lived, If Institute b. COUNTY	tion: Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	ide corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in	30 dans	d. STREET ADDRESS	Maryland	e. IS RESIDENCE ON A FARM?
7701 Granview A	pt 154	7701	Greenview Ag	TISY YES NO
3. NAME OF DECEASED (Type or print)	ERKELEY Pret	Last 4.	DATE Month OF DEATH	Day Year 2 19 6 7
5. SEX 6. COLOR OR RACE 7. MARRIE	INTA THE INVINITION	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b.	DIVORCED DIVORCED	APRIL 13, 1884	83 yrs.	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	STAINTEN 1	& State, or foreign country)	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		USA
FRANCIS BROOKE BERK	FLEV	SUSAN :	TANE BAI	RD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes give war or dates of service)	1)	INFORMANT	Address	
NO I	· · · · · · · · · · · · · · · · · · ·	all Funeral H	ome, Colonial	Hgts., Virginia
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:		1 1 - 1		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	inte Myocar	did Faili	ire_	
Conditions, If any, which	terio sclero	he conditions	scular di sosse	yrs
gave rise to immediate cause (a), stating the DUE TO				
underlying cause last. (c)	neummia	TER TO THE TERMINAL BLOCK	ASSOCIATION ON CHARLES IN PASS	Tara Was AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	SUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	ISE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inju	ry in Part I or Part II of it	em 18.)
ZDc. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While P.m. 19 at wo	e Not While factor	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	2Df. (City or town)	(County) (State)
21. I certify that (II) (this hospital) atten	ded the deceased from	death occurred at 3° A	7, to 9/2 \ M, from the causes and	1967, that (I) (we) last I on the date stated above.
22a. SIGNATURE POLENT WSW	Jan M.D	ATTENDING MED.	CTOR PHYS.	2b. DATE SIGNED 9/2/67
22c. PHYSICIAN'S NAME (Type) Dr. Robert W.	Swan, M. D.	22d. ADDRESS 750 N	York Road	1 #4
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Sant 5 1067	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, town	or county) (State)
BURIAL 24. FUNERAL DIRECTOR	Hollywood Ceme	etery R	ichmond, Virg	
Wm. Cook-Brooks Towson, INC		SEP	6 1967	varies Judges
Ame COOK DIOOKS IONSOII, INC	Torran Md	DATE	- U	U

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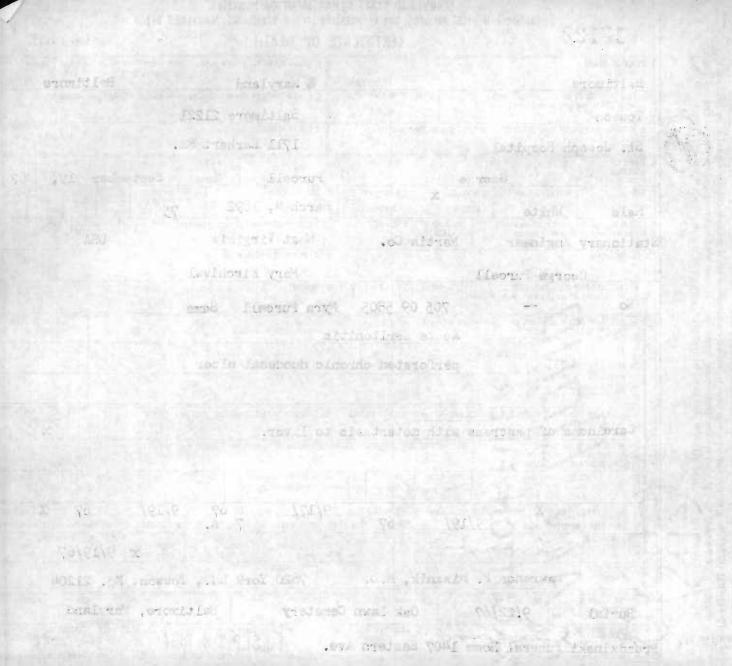
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12122 12133 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Baltimore b. COUNTY S Maryland MARYLAND Baltimore b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. Coy OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 Baltimore 21221 Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE ON A FARM? .= d. STREET ADDRESS filled 1711 Earhart Rd. St. Joseph Hospital YES NO NAME OF Middle 4. DATE Manth Day Year and campletely remave carbor DECEASED Purcell. George September 19. 19 67 event, (Type or print) DEATH 9. AGE (In years last birthdoy) S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO B. DATE OF BIRTH NEVER MARRIED Months Days Haurs Min March 4, 1892 and in any WIDOWED DIVORCED [Male White 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR USA P during most of working life, even if retired)
Stationary Engineer Martin Co. West Virginia attending physician termit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Mary Kirchival George Purcell IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates af service) 705 09 5805 Myra Purcell Same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Acute peritonitis IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO perforated chronic duodenal ulcer Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause certificate has been be detached far use as the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Carcinoma of pancreas with metastasis to liver. YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (this haspital) attended the deceased fram 9/17/ , 19 67, ta 9/19/ , 19 67 that (14) (we) last saw the deceased alive an 9/19/ 19 67, and that death accurred at 7 A M, fram causes and an the date stated above director, page 3 shauld shauld be filed with the 22h. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** 9/19/67 X M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Lawrence F. Misanik, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) Baltimore, Maryland REMOVAL (Spacify) 9/22/67 Oak Lawn Cemetery 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** Brazdzinski Funeral Home 1407 Eastern Ave.



AND REPORT OF THE PROPERTY OF 6.41.6 River Parenthe 59 Days Victimose Karry Kobinowitz 9.5-67 Market of White is a second of the second of Totalor Sheet Turner Habtonk Isadone Rabinovice II - Extrema Ecorche ? 218-67 -1052 Th. Activat Publica Bounds He. Ordinak Miller Server 1975/1957 Applica Action Analysis agent Softlinger, Swingered THE SHOEL AND ROLL WILLIAM SOLD THE STATE OF THE STATE OF

, 1			DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		1919/ Item #9 Film #G393 9/27/CERTIFICA	7 nb
		PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE b. COUNTY
		o. (ITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Catonsville	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (at6/s/11/4 Baltimore 21205 3
0	F	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Orrest Haven Nursing Home, Inc.	d. STREET ADDRESS 706 N. CUTLEY STREET ON A FARM? FOTTES! NO P. NO. P.
1		NAME OF First Middle DECEASED ANTON (Type or print)	RADEK 4. DATE Month Doy Year OF DEATH Sept. 17 19 67
1	S.	sex 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 DIVORCED 1	
	10o duri	. USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Self-employed (ret) Grocer	11. BIRTHPLACE (County & State, or foreign country) Czechoslovakia 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13.	Joseph Radek	14. MOTHER'S MAIDEN NAME unknown
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 1	7. NFORMANT Address 21213 May A. Hubbard, dght.3521 Chester A
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	COSCURR HECHIEL - ONSET AND DEATH
1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{N} \) NO [
	L CERTIFICATION	206. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	EED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
			that death occurred at 6.46 M, fram/causes and an the date stated abo
		220. SIGNATURE	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 1 22d. ADDRESS
4		22c. PHYSICIAN'S Dr. John Shaw	5800 Edmondson Ave.
	230		Nat. Cem. Baltimore, Md.
4	24	Schimunek Funeral Home, Inc.	250. REC'D BY REGISTRAR 1967 REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12126	CERTIFICATE	OF DEATH		12137
u degu	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where	deceosed lived, if institution: R b. COUNTY	esidence before odmission/
e	RORLTO	MARYLAND	MO		
S O	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporote limits, write RURAL or	nd give neorest town)
ino.	LUTHERUILLT	8 mos 205		ORE	30.4
77	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito	l, give street oddress)	d. STREET ADDRESS	1	ON A FARM?
176	Johlige MANOR 7	NC	100 W 1	NIUERS, TY	May YES NO W
Duridi, cremarida, ar remavai, and in any evem, within 7.2 nours arier	NAME OF First	Middle	D- 4.	DATE Month OF DEATH	Doy Year
	(Type or print) ATHRUA	D TO MENTO MADDIED TO D	DATE OF BIRTH		27 19 6 7 INDER 1 YEAR IF UNDER 24 HRS.
à l'	SEX 6. COLOR OR RACE 7/MARRIE WIDOWE	- La martin manner	Dal 1000	lost birthloy) Mo	nths Days Hours Min.
5		KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stut	6.6 yrs.	12. CITIZEN OF WHAT
9	uring most of working life, even if retired)	INDUSTRY	11 -toN	TEVAS	COUNTRY?
1	ENTERIOR DECORATOR I	DECORATOR	14. MOTHER'S MAIDEN NAME	/ ENTO	4.0. 4
	FRANK Halt IRI	117011	PAIILIN	E (0) A/ +1	= P
	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. INF	FORMANT	Address	
p (Yes, no, or unknown) (If yes give wor or dotes of service)	14-05-3982 MR	5 HIIGH P	ENHOFF 20	of Grown & Frank
	1B. CAUSE OF DEATH (Enter only one couse per line		2,770000	1 1	INTERVAL BETWEEN
BEI C	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arcinoma To	onque E	me Tastas	ONSET AND DEATH
	141.9 DUE TO		6		Henry 11
	Conditions, if ony, which gove rise to immediate couse (o),				month;
	stoting the underlying couse DUE 10				
	last. (c)	C TO DEATH BUT NOT BELATED TO THE	TERMINAL DISEASE CONDITIO	ON CIVEN IN DART 1/o	VOORTHA 2AW 01
7 7 7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT KELATED TO THE	E TERMINAL DISEASE CONDITIC	ON GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO
3 NOLIVE CEDITION	2Da. ACCIDENT WAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRED. (Er	nter nature of injury in Port I	or Port II of item 1B.)	713 NO
CEDI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW MISON OCCORNES. (E.	no notice of injury in tour		
MENICAL			OF INJURY (Home, farm,	20f. (City or town)	(County) (Stote)
SA CO	Hour o.m. Whom p.m. 19 of w	nile Not While factory	y, street, office bldg., etc.)		
	21. I certify that (1) (this haspital) ofte	ended the deceased from	en 25, 196	2, to Sept 27	19 thot (1) (we) lo
Sindid be med with the State Copin Copinion of State of S	saw the deceosed olive on Sept	36 1962, and that a	deoth occurred at 203	AM, from causes and	on the date stoted abov
	220. SIGNATURE P	/	ATTENDING A MED.	STAFF -	2b. DATE SIGNED
	11 / Gun	Lory M.D.	ATTENDING MED. PHYS. DIRECT	CTOR PHYS.	7-71-61
	22c. PHYSICIAN'S NAME (Type) P K GU	NDRY	22d. ADDRESS.	rsety Ptwy	- 21218
1	30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CR		23d. LOCATION (City or Town)	(County) (Stote)
OR'	REMOVAL (Specify)	Druid Ridge		' '	, , , , , , , , , , , , , , , , , , , ,
m	24 CHNEDAL DIDECTOD	ADDRESS	2So. REC'D BY		Balto Co Md AR'S SIGNATURE
1	H.W. Jenkins & Sons Co	. 4905 York Re	nad Lact o	1967 Miles	rela. Oudat

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12127 CERTIFICATE OF DEATH popers. Pages I and in 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town write RURAL and give nearest tawn) 21212 2 da BALTIMORE. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours BALTIMORE NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO F NAME OF First DATE Month Day completely remoye, carbo DECEASED MICHOLAS. HARRY KEIMULLER 0F SEPTEMBER 15 DEATH (Type or print) S. SEX 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last birthday) 68 yrs. Manths MALE Cau Days Haurs 2-17-99 WIDOWED DIVORCED ond in any 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind af wark done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? US A during mast af warking life even if retired) ottending physician sermit. Then please INDUSTRY DAVTON OHIO Sales Makager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, REIMULLER ONRAD 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates of service) 292-07-9044 ADMISSION, Sheet 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retoined by the hospital or ottending physician. DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause os the has been State Dept. of Health prior to last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO certificote 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Haur a.m. Nat While factory, street, office bldg., etc.) at wark Sept. 15, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Ach 19 6 7. to 15 19 67, and that death accurred at 10:10. M, fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR poge 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23a. BURIAL CREMATION. (County) (State) REMOVAL (Specify)
Burial Baltimore Md. Parkwood Cemetery 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR SONS.INC.Baltimore Md. VR A15 (4) 25M 1/67

A sent of the 1962 Emerged Commence Commence No. CHERO LANGE & L. SCHELTER DELTER OF THE LOS OF THE HEAD SECURE AND ADDRESS OF THE SECURE ADDRESS OF THE SECURE AND ADDRESS OF THE SECURE ADDRESS OF THE SECURE AND ADDRESS OF THE SECURE AND ADDRESS OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR 12139 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. STATE Maryland o. COUNTY Baltimore b. COUNTY Poge delay is 3 to 0 MARYLAND the Stote Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and Woodlawn Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS ong with form 1663 W. Forrest Park Avenue Give Pages 1663 W. Forrest Parka Ave. YES NO 24 hours after death. in Item 18. Give Page NAME OF Middle First 4. DATE Month Doy Year DECEASED September 21 DEATH 67 (Type or print) T.F. TT.A MAR TANNE RETTEW IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7. MARRIED X 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 7-26-1940 Female White 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ofter At Home USA Columbia, S. C.
14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME This certificate should be executed within 72 hours Wall Frank L. Outlaw 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) pending within Richard Rettew-1663 W. Forest Park Ave. NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Fpilepsy INTERVAL BETWEEN event ONSET AND DEATH Epilepsy IMMEDIATE CAUSE (o) writing the word DUE TO any Conditions, if ony, which gove rise to immediate couse (o), 0 DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING O CAUSE OF DEATH cremation, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work 21. I certify that I took charge of the remains described above, held on Autopsy X Inquiry , ond in my opinion Inspection . may be retained for FUNERAL DIRECTOR: Natural causes X deoth resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior 1 SIGNATURE DEPUTY MEDICAL EXAMINER 9/22/67 Werner U. Spitz, /M.D. **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. 205TE THEREOF 23d. LOCATION (City or Town) 13c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 XXXXXXX 9-1967 Woodlawn Memorial Cemetery Greenville, South Caroli 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) Ellsworth Armacost-4600 Liberty Hghts. Ave. DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

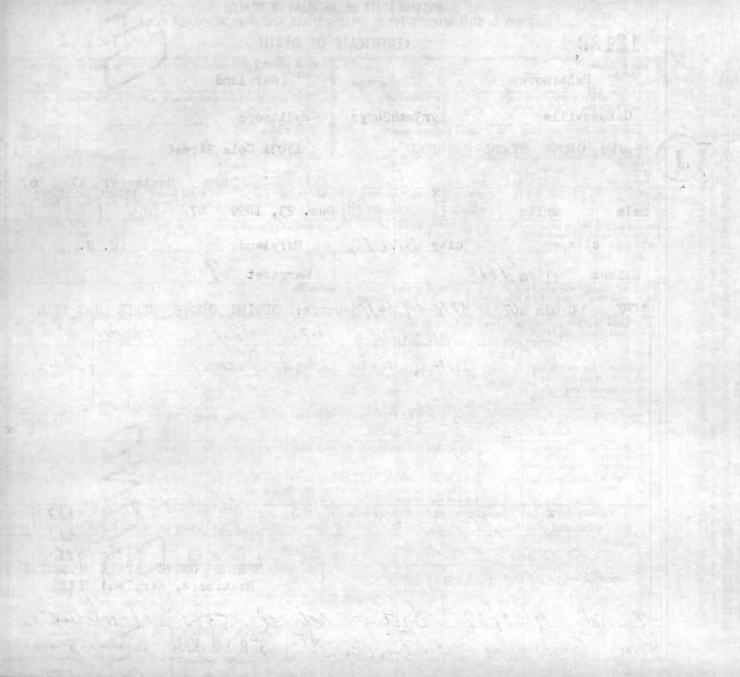
CERTIFICATE OF DEATH

12140

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)
	a. COUNTY BALTIMORE MARYLAND	o. STATE D. COUNTY	11.50
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	1 C)
	write PUPAL and give pagest town		nearest town)
	GARRISON 2MO 4DAYS	BALTIMORE	03-/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	toxLeigh Norsing Home	3704 BUCKINGHAM KI	YES NO
	NAME OF First Middle	Los) 4. DATE Month	Doy Year
	DECEASED (Type or print) JOHN PIRRCE	REX OF DEATH 9	20 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
1	NALE WIDOWED DIVORCED D	7-30-82 Stat hirthdoy) Months	Doys Hours Min.
100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ZEN OF WHAT
	ring most of working life, even if retired) INDUSTRY		NJRY?
	COMMICAL ENGINEER	14. MOTHER'S MAIDEN NAME	400
	UNKNOWN	/ / /	
15		INFORMANT Address	
(Ye	es, no forunknown) (If yes give wor or dotes of service) 214-03-4936		
	100, 1219-03 493661	Adys W. Kex - JAme	
	B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY:	(00	ONSET AND DEATH
	IMMEDIATE CAUSE (0)	chial Incumored	5 days
	491X DUE TO		
	Conditions, if any, which gove) (b)		
	rise to immediate couse (o), stating the underlying couse DUE TO		
	lost. (c)		
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
IFICATION	Generalized Arterio	scleroses	PERFORMED?
IFICA		D. (Enter noture of injury in Port I or Port II of item 18.)	1 0
CERTI	OR CONTRIBUTING CAUSE OF DEATH		
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f, (City or town) (Cour	nty) (Stote)
MEDICAL	Hour o.m. While Not While	octory, street, office bldg., etc.)	(21016)
	p.m. 19 of work of work		
	21. I certify that (I) (this haspital) attended the deceased fram	7-16, 1967, 10 9-20, 196	2, that (1) (we) last
		at death occurred at ≤ 30 M, fram causes and an the	
4	220. SIGNATURE	ATTENDING MED. STAFF	TE SIGNED
		Till's.	20-6.7
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1/2 41-1
	20.0 4 101.110	ZIMON RE-UWINGS	ells med.
230	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O		County) (Stote)
6	SURIAN 9-23-67 MORELANDY	nemorial BALTIMORE, M	d .
24	4. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 194-25b. REGISTRAR'S SIG	SNATURO
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12141 12130 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore papers. Pages 1 c Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
Catonsville in by Lvr3mth2Ldvs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM filled STATE SPRING GROVE HOSPITAL 1703% Cele Street YES NO and campletely fi remave carban NAME OF 4. DATE OF First Middle Last Month Doy Year DECEASED (Type or print) DEATH September event, S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 67 ast birthdoy) Manths Dovs Hours ond in any Dec. 23, 1899 male white WIDOWED DIVORCED and IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired)
street cleaner INDUSTRY COUNTRY? Maryland S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, attending phy Elisha Margaret 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes_no, ar unknown) (If yes give war or dates af service) 821 C 1,07 SPRING STATE GROVE HOSPITAL burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause be detached far use as the State Dept. af Health prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour 'o.m. factory, street, office bldg., etc.) Not While 1966 21. I certify that (this haspital), attended the deceased fram DIRECTOR: saw the deceased alive an and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE M.D DIRECTOR director, page shauld be filed 22d. ADDRESS SPRING GROVE STVATUE 22c. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 **BURIAL CREMATION** NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town (State) REMOVAL (Specify) 0 24.) FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #14 Film #G CERTIFICATE OF DEATH 12142 **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Baltimore by the to filled in by the fundamental papers. Pages him 72 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Catonsville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? filled 6009 Black Friars Circle Black Friars Circle 6009 C.F. NO event, with NAME OF First Middle 4. DATE Lost Month Day Year campletely DECEASED (Type or print) R. John Rilev September 19 67 DEATH IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years remave last, birthday) Manths Days Haurs Cauc. 7/13/11 and in any WIDOWED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYFISA during most of working life, even if retired)
Millwright ease INDUSTRY attending physician permit. Then please W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Catherine V. /Jackson King James M. Riley 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, grunknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Mrs. John R. Riley - Same 236-16-9076 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Screase_ Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse has been ve aerached far use as the State Dept. af Health priar to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year (County) Haur 'a.m. factory, street, office bldg., etc.) **DIRECTOR:** After at wark L 196/, that (1) (we) lust 21. I certify that (1) (this hospital) attended the deceased from be filed with the , and that death occurred at 4:20M, fram causes and an the dote stated above saw the deceased alive an aug 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D PHYS. 22d. ADDRESS TO FUNERAL Bradley Dougharthy NAME (Type) 1264 Francis Ave. director, shauld be 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State Loudon Park Cem. Baltimore, Md. 9/6/67 **ADDRESS** 24. FUNERAL DIRECTOR Witzke F. D. - 4101 Edmondson Ave.

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12133	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	12144
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Ins a. STATE b. COUN	titution: Residence before admissio
b. CITY OR TOWN (if outside corpo write RURAL and give nearest t	rate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate limits, wr	Ite RURAL end give nearest town
10WDan	100 (If not in hospital, give street address) d. STREET ADDRESS	30 - 4 l e. IS RESIDENC
Greater Baltim	are medical Center, 1107 W. Lanvale	ON A FARM? YES NO X
3. NAME DF DECEASED (Type or print) HENDY	First Middle Lest 4. DATE Month StEWART ROBINSON DEATH 9	Day Year 26 1967
5. SEX 6. COLOR OR FAC	E 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR Months Oays Hours Min
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	WIDOWED DIVORCED 5-8-1900 67 yrs. 11. BIRTHPLACE (County & State, or foreign country ired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country ired) 11. BIRTHPLACE (County & State, or foreign country ired) 12. BIRTHPLACE (County & State, or foreign country ired) 13. BIRTHPLACE (County & State, or f) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
Unkown	Unkalon	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unkown) (If yes give war or date	FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres 223 - 16 3224 (-BMC. administration)	Sheet
18. CAUSE DF DEATH [Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAU	DE TO	
Conditions, If any, which gave rise to immediate	(b) CP of trengle.	
underlying cause last.	(c)	
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II or Part	f Item 18.)
ZOc. TIME OF INJURY Month, Da Hour a.m. p.m.	y, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this ho saw the deceased alive on	spital) attended the deceased from $8.11.67$, 19.62 , to 9.26 .	_, 19, that (I) (we) last and on the date stated above
22a. SIGNATURE Rahi Bass	M.D. ATTENDING MED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	BASSIRI 22d. ADDRESS	
REMOVAL (Specify)	THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to	
Burial 10/2 24. FUNERAL DIRECTOR	000	Y Md EGISTRAR'S SIGNATURE
Adolphus Halstead	1 1206 W North Ave	harley ymae

Corde variables of when 7-7-6 10 Com 38 d Co 18 Co 18 d Park Garage Horizal 10/2/67 Na Calvary Cometry A A County Vd. Adolphus Halatona 1206 W Horth Ave

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12145 12134 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY g. STATE b. COUNTY Baltimore ban papers. Pages 1 within 72 hours after MARYLAND the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) ALTIMORE DAYS Wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .= d. STREET ADDRESS e. IS RESIDENCE campletely filled in 2610 BALTIMORE ON A FARM? Mt. Wilson State Hospital NO X NAME OF 4. DATE Year DECEASED SEP THOMAS JOSEPH RODDY (Type or print) DEATH 196 and in any even 6. COLOR OR RACE 7. MARRIED T 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** B. DATE OF BIRTH please remave last birthday) Haurs 1-31-1913 WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind af wark done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) HDUSTRY COUNTRY? MARYLAND CLERK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remava THOMAS J. RODDY THERESA ACKERMAN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates af service) Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN VISICULAR PULMONARY EMPHYSEMA. ONSET AND DEATH Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (o). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? 2HRAMIL BRONCHITES -YES | NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2Dg. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Manth, Day, Year 2Dd INIURY OCCURRED (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) 21. 1 certify that (1) (this haspital) attended the deceased fram_ 1967, ta 9-21 saw the deceased alive an 5-0+ 19 67, and that death accurred at 3. 2 TPM, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR director, page 3 M.D. 22d. ADDRESS NAME (Type) Wm. Newcomer, M/D., Supt. Mt. Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) BREMOVAL (Specify) 10-2-67 HOLY KEDEEMER CEM 0 24. EUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban gapers. Pages — and should be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 hours after the should be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 hours after the should be filed with the State Dept.

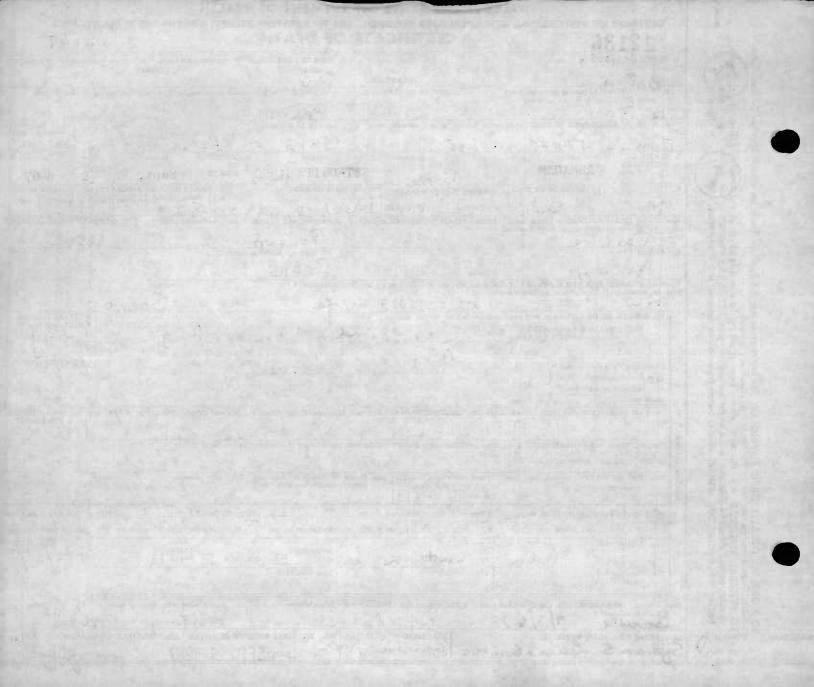
	1213:)		CERTI	FICATE	OF DEATH				214	O	
	LACE OF DEATH					2. USUAL RESIDENCE (V	Where dece	eosed lived, if institut		ice before o	idmission	1)
	Bal	timore		MA	RYLAND	Mary	land	l		Balti	mor	.6
Ь		outside carparate limit give nearest tawn)	5,	c. LENGTH OF STAY	(IN 16	c. CITY OR TOWN (If au	stside corpo	orate limits, write RU	RAL ond giv	e neorest t	own)	
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d	. NAME OF HOSPITA	AL OR INSTITUTION (If no	at in haspit al, g	give street address)		d. STREET ADDRESS					S RESIDE	
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	IAME OF	Fi	irst	Middle		Last	4. DATE	Man	h	Day	Year	
	ECEASED Type or print)	Ed	ina	E.	R	oth	OF DEAT	H Septer	nber	8	19	67
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		B. DATE OF BIRTH		9. AGE (In years	IF UNDER		UNDER 2	
	F	W	WIDOWED	DIVORC	ED 🔲 (9/14/1890		last birthdoy) 76 yrs.	Months	Doys	Hours	Min.
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	foreign country)		TIZEN OF W	/HAT	
durir	ig most of working l Housewi			Dustry Home		Baltin	nore	. Md.	- ((OUNTRY?	S.A	
13.	FATHER'S NAME			ANTI HOME		14. MOTHER'S MAIDEN I						
	Samuel	Evans			71.TE	Ida Rh	node	S				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	-6	SOCIAL SECURITY NO.		NFORMANT		Addre		1000	1/0	
(105	No No	(If yes give wor or dates of	at service) 23	14-24-57	12 M	rs. Mildred	R.I	Beaucham	gı	(Sam	e)	
	1B. CAUSE OF DE	ATH (Enter only one car				1.				INTER	/AL BETW	
		H WAS CAUSED BY: IMMEDIATE CAUSE	(a) all	lete C	erou	are lus	lex/	Willie	1	monse	ANDIDE	ATH
	4201	DUE				, ,	0		3 10	0 1		
	Conditions, if any,		(b)	coualy	al	1. Cuse	ase			140	221	2
	rise to immediate stating the under		TO	0.10.	_ /	1				110		
	last.)	(c)	1) Hell	300	eners is				145	21-	
2	PART II. OTHER SIG	SNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT R	ELATED TO 1	THE TERMINAL DISEASE CON	NDITION GI	VEN IN PART 1(a)			AS AUTOF REFORMED	
CERTIFICATION										YES		10
Ħ	20a. ACCIDENT WAS	UNDERLYING	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar P	Part II af item 1B.)				
E.	OR CONTRIBUTING !											
MEDICAL	20c. TIME OF INJU	RY Month, Day, Year		NJURY OCCURRED		CE OF INJURY (Home, form		(City or town)	(Co	ounty)	(5)	tate)
ME	Haur o.m	10	While at war] toch	ory, street, office bldg., etc.	10	0/0		111		
	21. I certif	y that (I) (this he		ded the decease	d fram	, 1	19.000	to	, 190		(1) (vi	
		ceased alive on_	7/1	1967,	ond that	deoth occurred at	8 A	M, from causes	and on 1	he date	stated	obove
	220. SIGNATURE	ille!	7 2	th	М.С	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	226	ATE SIGNED	,7	
	22c. PHYSICIAN'S NAME (Type)	Dr. Wi	lliam	F. Frii	tz	22d. ADDRESS	W. U	niversi	ty Pl	cwy.		
23a.	BURIAL, CREMATIO		EREOF	23c. NAME OF CE	METERY OR	CREMATORY .	23d.	LOCATION (City or To	wn)	(Caunty)	(Sto	ate)
	REMOVAL (Specify)	9/11/	1967	Woodl	awn		1470	odlarm F	Ral to	Co	M	[d.
24	FUNERAL DIRECTO		- 0-	ADDRESS	or la D	25a. REC'I	D BY REGIS	odlawn F	GISTRAR'S	SIGNATURE	and a	

VR A15 (4) 25M 1/67

Page 4 may be retained by the haspital ar attending physician.

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	COUNTY	USUAL RESIDENCE (Where of	deceesed lived, II Institution: Residence b. COUNTY
	BACTO MARYLAND	MD	5. 606.07
	c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b writa RURAL and give neerest town)	c. CITY OR TOWN (If outside cor	rporete limits, write RURAL end give ne
	Bacto	Pacio	
-		d. STREET ADDRESS	
+			6.
3	RIED'S PROF. HOUSE Middle	3813 W. Ko	Month Dey
	DECEASED ADDALLAM	OF OF	
-	ISAAC INTINO	OWITZ (RCTH) DEATH	bept. Z
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAT	TE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR last birthday) Months Days
	WIDOWED DIVORCED Con	015 1946	(ast birthday) Months Deys
	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11.	. BIRTHPLACE (County & State, o	or foreign country) 12. CITIZEN OF
do	e during most of working life, even if retired)	P	110
12	FATHER'S NAME	MOTHER'S MAIDEN NAME	US
/3.	14.	O A RIDEN NAME	
	Havy	KATRA	
15.	WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOI	RMANT	Address
(10	NO 212-03-5313 WM	10	50000
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	7	1 INTE
	PART I. DEATH WAS CAUSED BY:	of a same	ONS
	IMMEDIATE CAUSE (6)	hemory	noge
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	Conditions, if any, which \ (b)	CIEVOSIZ	10
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	(e), stating the underlying couse lest.		
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(e): 19
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5	raralysis a	agitans	Y
	200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED. (En OR CONTRIBUTING [] CAUSE OF DEATH	ater nature of injury in Part I or Pe	rt II of Ifem 18.]
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		F INJURY (Home, farm, 20f. (Ci	ity or town) (County)
AEDI	et west at west	street, office bldg., etc.)	
-	p.iii,	april 10.5/2.	VORT ? role'T.
	21. I certify that (I) (this hospital) attended the deceased from	1 10	
	saw the deceased alive on	th occurred at	m the causes and on the date
	22e. SIGNATURE	ATTENDING MED.	STAFF
		PHYS. DIRECTOR	PHYS. 7
		22d. ADDRESS	
	NAME (Type)		
22.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CE	PEMATORY 234 10	CATION (City, town or county)
238	REMOVAL (Specify)	Ω	07
	survey 1/3/6/ Nosedate		ano, mo
124	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGI	STRAR 256. KEGISTRAR'S SIGNATI
1	O S P. 16 14 Garren WC	1	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12137 12148 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore Baltimore filled in by the fun popers. Pages 1 of thin 72 hours ofter of MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL registrative nearph was on 90 days Towson. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Dulanev-Towson N. Home 529 St. Frances Rd. carbon NAME OF First Middle 4. DATE Month Lost Dov Year completely DECEASED William Albert Rowe Sapt. ## 67 (Type or print) DEATH even SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED IF UNDER 1 YEAR NEVER MARRIED remove birthdoy) Hours Sept. 26. 8# 1885 M. Cauc. WIDOWED # DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT ond in please during most of working life, even if retired) INDUSTRY U.S.A. physician Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removol, ottending phys Oscar Rowe Eva Wilner WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. Address 212 10 9527 William A. Rowe, By Jr. Towson, Md. INTERVAL BETWEEN ONSE AND DEATH CAUSE OF DEATH (Enter only one couse per line or (o), (b), ond (c).) signed by the buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physician. DUE TO Canditians, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Not While foctory, street, affice bldg., etc.) 19. at wark 21. I certify that (1) (this hospital) ottended the deseased from X and that death accurred at 200 PM, from causes and on the date stated above sow the deceosed alive an 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S W, REIR NAME (Type) CHARLES 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City or Town) (County) BREMOVAL (Specify) Entombment Woodlawn, Baltimore, Md.
ISTRAR | 25b. REGISTRAR'S SIGNATURE Sept. 16.67 Lorraine 24 FUNERAL DIRECTOR Brooks Towson, Towson, Md. 25g. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

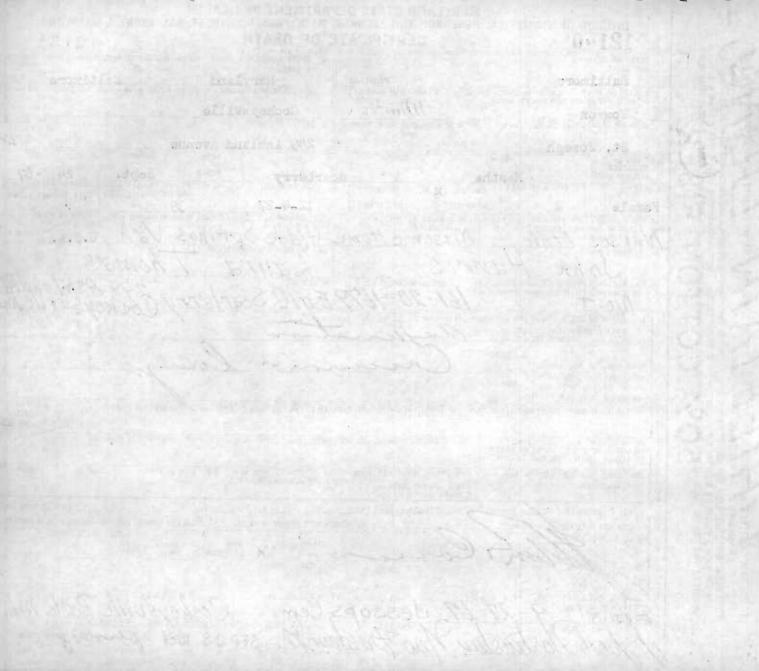
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12150 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore the MARYLAND Maryland Baltimore CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Towson 2 mo. 27 days Towson papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Greater Baltimore Medical within Center 517 Park Ave. YES NO event, wir executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED CARROLI. nove car (Type or print) WORTH INGTON SANNER DEATH 9 19 67 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH ACE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours WIDOWED X Male Cauc. DIVORCED [Sept 1878 89 yrs. 10a, USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Real Estate
13. FATHER'S NAME Maryland U.S.A Iding phys Then planer of removal, a 14. MOTHER'S MAIDEN NAME Richard Sanner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Nancy Jones 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attenctransit permit. Address (Yes, no, or unkown) (If yes give war or dates of service) 212-07-6363 Mrs. Filbert L. Moore 703 W. Joppa Rd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. Malignancy, naso-pharynx with widely IMMEDIATE CAUSE (a) has been signed as the burial-tr prior to burial, o disseminated metastases approx. DUE TO Conditions, If any, which mos. (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X Generalized arteriosclerosis
20a. ACCIDENT WAS UNDERLYINC | | 20b. DESCRIBE HOW IN
OR CONTRIBUTINC | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (Clty or town) (County) (State) Hour a.m. Not While at work at work p.m. retained should ith the 19 67 to. 21. I certify that (I) (this hospital) attended the deceased from 9/27, 1967, that (I) (we) last DIRECTOR: age 3 should led with the 1967 and that death occurred at 10:45M, from the causes and on the date stated above. saw the deceased alive-on 22a. SICNATURE 22b. DATE SICNED be be page ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 9/28/67 M.D. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Rudiger Breitenecker, M. Greater Baltimore Medical Center BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 9/30/67 Druid Ridge Cemetery ry Pikesville Md 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 196 Wm. Cook-Brooks Towson 1050 York Rd. 21204 VR AI5 (4) 20M 1/65

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2	_ 1	MARYLAND STATE DEPA DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	
/	E 20 :	12140 CERTIFICATE	OF DEATH
	death.	1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	the tree after	Baltimore MARYLAND	Maryland Baltimore
	> = 0	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Towson ///inutes	Cockeysville 03-/
	E 8 20 XX	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	n 24 h	St. Joseph	249 Ashland Avenue YES NO P
	th certificate be executed within 24 tending physician and completely fill nit. Then please remove carbon pap or removal, and in any event, within 7	3. NAME OF First Middle DECEASED	Last 4. OATE Month Day Year
	d mpl	(Type or print) Martha A Sca	arberry DEATH Sept. 24 19 67
	ove y ev	7. MARKIEU NEVER MARKIEU	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	and rem	Female W WIOOWED DIVORCED	12-4-27 39 yrs.
	be Sian Ise	10a. USUAL OCCUPATION (Give kind of work done during most of working life veven if retired) 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	nte nysic plez l, ar	13. FATHER'S NAME.	14. MOTHER'S MAIDEN NAME
	eath certificate be attending physiciar ermit. Then please on, or removal, and i	Colu Hammio	TINT T PAINTS
	ndin Trem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address Doll Di
	e death co the attenc t permit. iation, or r	(Yes, no, or unkown) ((If yes give war or dates of service)	ENDO SOUND 248 AShlandly
	5.0 e c	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	-di/C. Ocal Del'y Cockey Sulfe Mo
	PHYSICIAN: The law requires that the death the hospital or attending physician. this certificate has been signed by the attedetached for use as the burial-transit permit bette. Oppt. of Health prior to burial, cremation, or	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	hat ciar ed led l	IMMEDIATE CAUSE (a)	0
	es t hysi sign sign rrial	Conditions If any which	
	ng b e bi	gave rise to immediate	no cong
	ndir ndir s be s th ior 1	cause (a), stating the underlying cause last. (c)	
	law atte has e as h pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
	or cate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO A
	AN: Dital	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Part II of Item 18.)
	hosp chec		
	this this De	factory	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	by the free state	Hour a.m. p.m. 19 While Not While at work at work	
	OR ATTENDING be retained by DIRECTOR: After ge 3 should be led with the Staf	21. I certify that (I) (this hospital) extended the deceased from	, 19, to, 19, that (I) (we) last
	TTE Stair Shou		leath occurred atM, from the causes and on the date stated above.
	R A REC REC 3	22a. SIGNATURE	ATTENOING MEO. STAFF 22b. OATE SIGNEO
	ay be and	22c. PHYSICIAN'S W.D.	PHYS. MORECTOR PHYS. L
	SPITAL 4 may IERAL D tor, pag d be file	NAME (Type)	ZZU. AUURESS
	HOSPITAL age 4 may FUNERAL rector, pa	23a. BURIAL, CREMATION, 23b. OATE THEREOF, 23c. , NAME OF CEMETERY OF	R.CREMATORY 23d. LOCATION (City, town or county) , (State)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremat	REMOVAL (Specify)	Cem. Crokersuille Pallo Mi
	(APK)	24. JUNERAL DIRECTOR / ADDRESS,	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4)	hook the low town they thought	M. 10, DATESEP 28 1967 yellorles Jusque
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH
a. COUNTY
Baltimore USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. STATE Maryland b. COUNTY Baltimore MARYLAND cessary, funeral may be b. CITY OR TOWN (if outside corporete limits, write BURAL end give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearest town) Essex 21221 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddrees) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Page h07 S. Maryln Avenue ispensary Plant NO A 3. NAME OF Middle DATE Month SCHLUDER BERG EXAMINER: This certificate should be executed within 24 hours after death. If any de the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. DECEASED 25 George W. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED White DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED lest birthday) Months I Mala Devs 11-2-01 Hours 10e. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Steel Making 115 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAIRE SCHLUDER BERG LENA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 213-07-2119 permit. PROUE LENA 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ONSET AND DEATH a burial-transit Acute coronary occlusion due to DUE TO A.S.C.V.Bisease Conditions, If eny, which (h) geve rise to immediate DUE TO cauee (e), steting the 60 used as a to burial, undarlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO 3 should be agent, prior 1 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) MEDICAL 20d, LURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. Not White et work and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X FUNERAL DIRECTOR: F Health or its design Homicide Undetermined manner death resulted from: Natural causes V Accident Suicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Theodore Patterson, M.D. 105 Main Street MEDICAL EXAMINER Turners Station Address (Street, city, town, or county) retained NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) o 10 SCHWARTZ SALTO. MD BURIAL 25e. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS AI 5ME (5) 300 CONNELL 5015 MACEDATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12145 CERTIFICATE OF DEATH 12156 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE Maryland b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Baltimore 21212 Rural-Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 830 Kingston Road 830 Kingston Road pod within NO T carban NAME OF First Middle Lost 4. DATE Month Year DECEASED OF DEATH LOUIS D. SCHOPP September 67 (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HR Months Hours Male White June 25, 1895. WIDOWED DIVORCED pup 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 10a. USUAL OCCUPATION (Give kind of wark dane 12. CITIZEN OF WHAT physician on please COUNTRY? Maryland Groceries USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Ludwig Schopp Lena Franzreb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT - Address (Yes, po, ar unknawn) (If yes give war ar dates af service 212-07-8553 Mrs. Marie L. Schopp (Same) burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit men sales IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause as the prior ta WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? , page 3 shauld be detached far use be filed with the State Dept. af Health NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) Hour o.m. factory, street, affice bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased from TO FUNERAL DIRECTOR: Zond that death occurred at S.A. M. from causes and on the date stated above sow the deceased olive on 220 SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles H. Reier 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) Holy Redeemer Cemetery Baltimore, Md. 25a. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214

MARYIAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12146 12157 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the funerg a. COUNTY a. STATE b. COUNTY stely filled in by the fune irbon papers. Pages 1 or within X2 haurs after d MARYIAND c. LENGTH OF STAY IN 16 CITY OR TOWN b. CITY OR TOWN (If autside carporote limits (If autode carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS campletely filled within NO S NAME OF Middle DATE Lost Dov Year DECEASED OF DEATH 5 (Type or print) 19 50 and in any even DATE OF BIRTH AGE In years UNDER 24 HR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED ecember 6 and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) please INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, attending phys KNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. Address (Yes, na. ar unknown) (If yes give war ar dotes af service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TOburial, Canditians, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse the of Health priar to has been ATTENDING PHYSICIAN: The law last. QS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram 1952, ta. 9 , 1962, that (1) (we) last director, page 3 shauld shauld be filed with the 9 1967, and that death accurred at 85 PM, fram causes and an the date stated above saw the deceased alive an 22a. (SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Jas. N. Prederick Ve. Balto Md. 21227 rancis 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (Stote) REMOVAL (Specify) Buricu 250. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

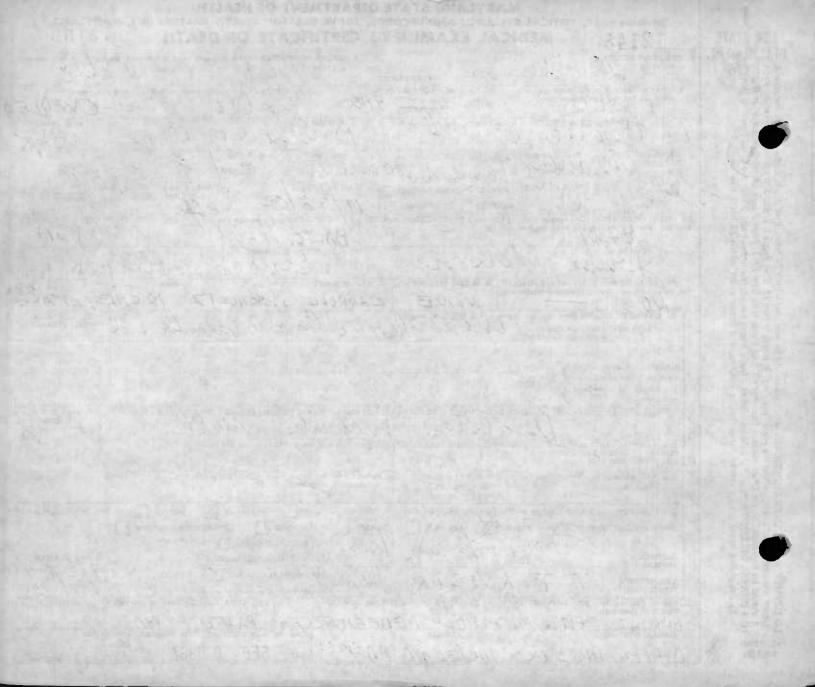
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		Baltim	ore If outside corporate limits,					yland					
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	1	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH			(In yeors	IF UNDER	1 YEAR IF	UNDER 24 HRS.
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	CER	OR CONTRIBUTING											
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	W	р.г	10	ot wor		10010	17, 311001, 011100 01	109., 010.)					
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		220. SIGNATURE	Acused dilve oii	7	, un	a mul	000111 000011	00 01 A	, m, m	(00363		ATE SIGNED	Tarea abave
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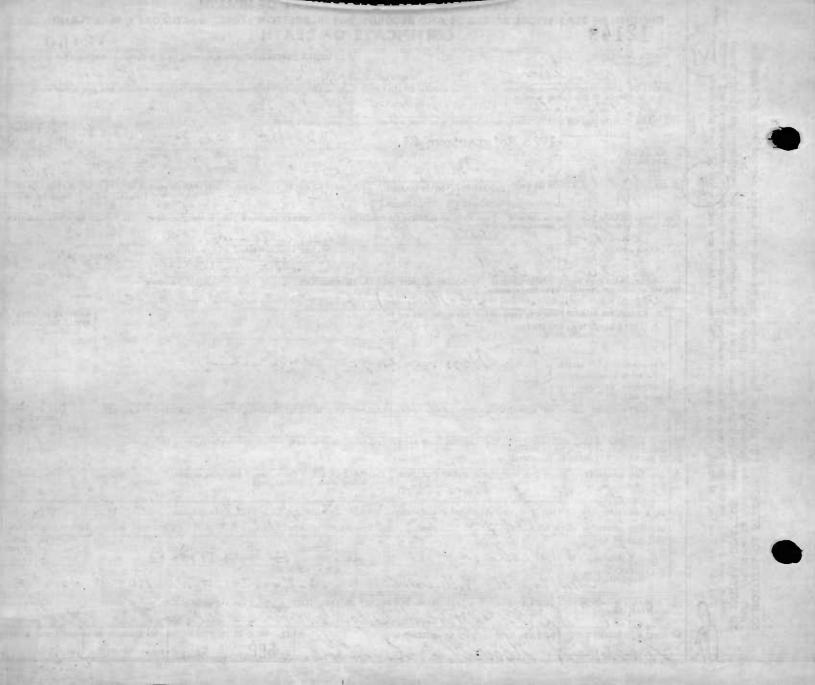
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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2159
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution Recidence before edmission) o. COUNTY
Page 1	MARYLAND S. COUNTY PALLS
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EXAMINER ste, writing the Chief M R: Page 3 sh rior to burial	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While Not While at work at work.
2000	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
cAL prwarded DIRECT ed agent,	death resulted from: Natural cluses Accident . Suicine . Homicide . Undetermined manner .
M forw	ACTUAL SIGNATURE
DEPUTY M should be forw FUNERAL Di its designated	EXAMINER'S F. T. KASIK OR DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
Show show	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cliy, town, or country) (State)
Dg40 p	BURIAL SEPT 6, 1967 HOLY REDEEMER CEM. BALTO. MD. 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	DIPPEL BRO'S INC 7110 BELDIA RO 21206 DATE SEP 6 1967 golvanles Judge



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AADVIAND
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1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution	n. Residence before admission
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	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	on a FARM
	1728 Reistertown Rd.	YES NO
	NAME OF DECEASED (Type or print) Robert Phillip Seal 4. DATE Month OF DEATH Seft	17 /18 67
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDI Months) WIDOWED DIVORCED 7. MARRIED 7. MARRIED 7. MARRIED 7. MARRIED 7. MARRIED 8. DATE OF BIRTH 7. MARRIED 7. MAR	
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	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
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		County) (State)
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	21. I certify that (I) (this hospital) attended the deceased from 17 may, 1947 to	19, that (I) (we) la
	saw the deceased alive on 1961, and that death occurred at 11M, from the causes and on	
	22e. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGN
	Charle A Williams M.D. PHYS. DIRECTOR PHYS.	Md
		Pikesville
2	236. BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of con	(s)(s)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DE DEATH a. COUNTY b. COUNTY after MARYLAND Maryland CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Aq. hours GARRISON Baltimore filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NURSING 1134 Cedarcroft HOME within YES NO X completely f 3. DECEASED Ignazio MiddleSerraval Lest DATE Month Day (Type or print) DEATH 19 event executed 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Isast birthday) | Months | Days | Hours | Min. SEX DATE OF BIRTH and cor 7. MARRIED NEVER MARRIED A Se WIDOWED DIVORCED = 1Da. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT (County & State, or foreign country) physician lease and ir during most of working life, even If retired) certificate be COUNTRY? Construction Work U.S.A Ret. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Liboria Rascarardi DES BOOK Serravalle 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. Address has been signed by the attent as the burial-transit permit, prior to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) death Mrs. Pauline Serravalle same 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the the hospital or attending physician. nouvs IMMEDIATE CAUSE (a) DUE TO centrown Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use certificate YES [NO IX this certimed to detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After þ ATTENDING p.m. at work at work retained pluods 9-2 1967 196 that (I) (we) last the 21. I certify that (1) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 4:30 AM, from the causes and on the date stated above. 20 saw the deceased alive on 19 DATE SIGNED 22a. SIGNATURE 22b. pe page ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 4 may FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23d. LOCATION (City, town) or county) (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23a. 0 REMOVAL (Specify) Holy Redeemer Cem. Buria Balto. Md. REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY Leonard J. Ruck Inc. Balto. Md. VR A15 (4) 15M 4-64

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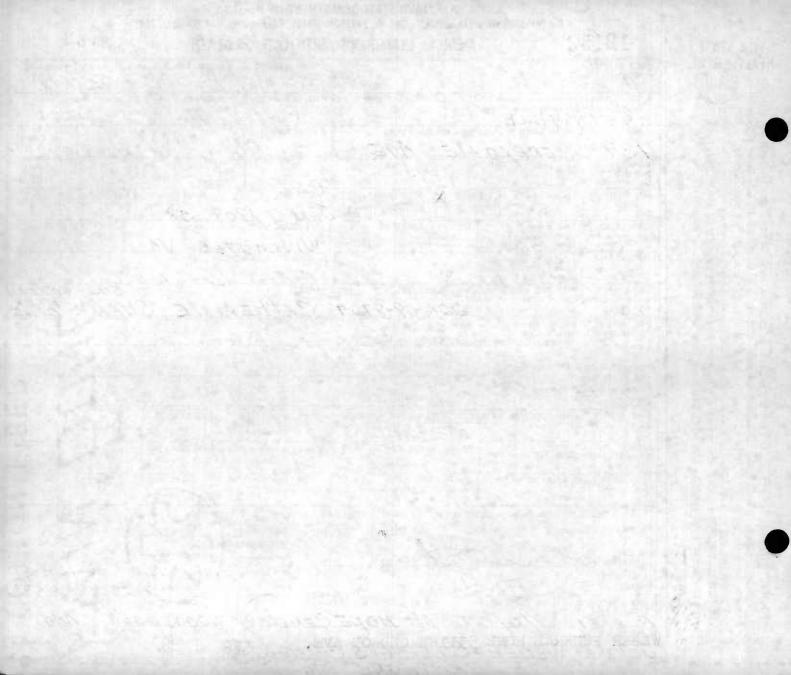
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12162 The law requires that the death certificate be executed within 24 haurs after death and physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STMaryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest lown) write RURAL and give nearest town) Baltimore, 21206 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8403 Fhiladelphia Road St. Joseph Hospital YES T NO NAME OF With First Middle Lost 4. DATE Month Day Year DECEASED Loretta Sewell 13 Sept. 67 19 (Type or print SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH 9. AGE (In years last birthday) Months Hours in any White Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY? INDUSTRY Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME heurs 5-60 MG signed by the attending 1S. WAS DECEASED EVER IN U.S. ARWED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address/ (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Extensive myocardial infarction. IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause has been as the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES DC NO O FUNERAL DIRECTOR: After this certificate for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While at wark 1957 , ta Sept. 13, 19 67that (We) last 21. I certify that (X) (this haspital) attended the deceased fram___ Sent. shauld and that death accurred at an analysis and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR r, page 3 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd. Paltimore, Md. 21204 Ines Cilliani M.D. NAME (Type) director, I should be BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) GRIG 24. FONERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

The Walter Hard Lines Williams Anna Line Sent

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12163 12152 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Page . 0 MARYLAND delay b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN outside corparate and write RURAL and give nearest town) File pages 1 and 2 with the State Departm e. IS RESIDENCE ON A FARM? d STREET ADDRESS INSTITUTION (If not in hospital, give street address) the Chief Medical Examiner's Office alang with farm NO IZ 24 haurs after death. Year DECEASED OF DEATH 1960 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Dovs Hours in Item 18. death. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** be executed within 13. FATHER'S NAME pencil 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: ONSET AND DEATH event IMMEDIATE CAUSE (o) This certificate shauld writing the ward DUE TO any Conditions, if ony, which gove farwarded ta rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? be used remayol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K certificate, shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 3 shauld PRIMARY Or CONTRIBUTING Б CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry and in my apinian O FUNERAL DIRECTOR: funeral directar. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER 0 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1311 Francis Ave O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Belto Md. 21227 Address (Street, city, town, or county) BURIAL, CREMATION, (County) REMOVAL (Specify) 250. REED BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Pages 1 after of 2a. STATE Kossuth St. b. COUNTY Balto, Md. Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by t ove carbon papers. Page event, within 72 hours a c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? Greater Baltimore Medical Center NO L 3. NAME DE First Middle Last 4. DATE Oay Year DECEASED (Type or print) BRYSON WILLIAM SHARMAN DEATH September 19 67 executed 8. PATE OF BIRTH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIEO NEVER MARRIED and Male White WIOOWED I DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician n please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore American Tce Worked for death certificate 13. FATHER'S NAME Robert Sharman 14. MOTHER'S MAIOEN NAME removal Myrtle Freston ed by the attend transit permit. 15. WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Dorothy Sharman -42 S. Kossuth 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital or attending physician. 12 hrs Conditions, If any, which Pneumonia 24 hrs gave rise to Immediate has been as the prior to DUE TO cause (a), stating the underlying cause last. (c) Radiation Leukopenia 1+_wk CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Carcinoma laryngo-pharynx YES V NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. After Id be d e State Not While at work at work p.m. DIRECTOR: A age 3 should iled with the S 21. I certify that (I) (this hospital) attended the deceased from August _, 19 67, to Present _, 19 ___, that (I) (we) last saw the deceased alive on September 2319 67 and that death occurred at 2:57M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MEO. A page Page 4 may b OIRECTOR PHYS. TO FUNERAL director, pa Rudiger Breitenecker, M.D. 22d. AOORESS 23a. BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BREMOYAL (Specify) 26/67 Lorraine Park Baltimore REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR **AOORESS** VR AIS

AND RESIDENCE OF THE PARTY OF T term times so the contract Michael Office and the season of 200 to 10 feet and 10 feet and 10 feet and 10 feet And the Anniety per that a price the

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12154

CERTIFICATE OF DEATH

12165

				12100				
1. PLACE OF DEATH				ion: Residence before odmission)				
o. COUNTY Baltimore	MARYLAND	o. STATE Maryland	b. COUN	my timore				
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		tside corporote limits, write RUF					
write RURAL and give nearest town)		Fullerto		A 3				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite	ol give street address)	d. STREET ADDRESS	II he	e. IS RESIDENCE				
	n, give siteel oddress)			ON A FARM?				
St. Joseph Hospital		8513 Belai:		YES NO				
NAME OF First DECEASED	Middle	Lost	4. DATE Mont	h Doy Year				
(Type or print) Stanley		Sheska	DEATH Septemb					
6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min				
Male White WIDOW	ED DIVORCED	June 15, 18	81 86 yrs.	Months Doys Hours Min				
0o. USUAL OCCUPATION (Give kind of work done 10b	. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT				
uring most of working life, even if retired)	INDUSTRY	8 1 1 1 1 1	Poland	12. CITIZEN OF WHAT COUNTRY? Poland				
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		- Otalia				
John Sheska		J. SAVELER	Unlessen					
	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Unknown Addre	ec				
(Yes, no, or unknown) (If yes give wor or dotes of service)								
No l		r John Shesk	a 8513 Belair	Road 21236				
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:								
1460 IMMEDIATE CAUSE (o)C	engestive Heart	Failure		ONSET AND DEATH				
DUE TO								
Conditions, if ony, which gove (b)	leural Effusion							
stoting the underlying couse DUE TO			Arteriosclerot	cic				
lost. (c) C:	irculatory Colla	apse due toV	ascular Diseas	se				
	O TO DEATH BUT HOT BELATED TO		DITION CONTRACTOR AND AND AND					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)	19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN				19. WAS AUTOPSY PERFORMED? YES NO X				
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 206.	DESCRIBE HOW INJURY OCCURRED.			PERFORMED?				
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in F	Port I or Port II of item 1B.)	PERFORMED? YES NO ₹				
20o. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. Wi	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED hile Not While foct		Port I or Port II of item 1B.)	PERFORMED?				
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 of v	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED hile Occurred foct work of work	(Enter noture of injury in F ICE OF INJURY (Home, form tory, street, office bldg., etc.)	ort I or Port II of item 18.) , 20f. (City or town)	PERFORMED? YES NO X				
20o. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 2CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 at w	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED 20e. PLA foct work of two of work 1	(Enter noture of injury in F ICE OF INJURY (Home, form tory, street, office bldg., etc.) September 1 1	on I or Port II of item 18.) 20f. (City or town) 967, to Septembe	(County) (Stote)				
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 21. I certify that (I) (this hospital) att saw the deceased olive an Septem	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED 20e. PLA foct work of two of work 1	(Enter noture of injury in F ICE OF INJURY (Home, form tory, street, office bldg., etc.) September 1 1	on I or Port II of item 18.) 20f. (City or town) 967, to Septembe	(County) (State) er ,39 67 that (I) (we) and on the date stated about				
200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 21. I certify that (I) (this hospital) att saw the deceased olive an Septem 22q. SIGNATURE	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED phile Octwork of octwork of twork of two deceased fram 5 ber 3 19 67, and that	(Enter noture of injury in FINCE OF INJURY (Home, form tory, street, office bldg., etc.) September 1 II ATTENDING	Port I or Port II of item 1B.) 20f. (City or town) 967, to September 2:10AM, fram causes of	(County) (Stote) (County) (Stote) 27 that (I) (we) and on the date stated about 22b. DATE SIGNED				
200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 21. I certify that (I) (this hospital) att saw the deceased olive an Septem 22e. SIGNATURE	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED 20e. PLA foct work of two of work 1	(Enter noture of injury in FINCE OF INJURY (Home, form tory, street, office bldg., etc.) September 1 1 It deoth occurred of the control of	Port I or Port II of item 1B.) 20f. (City or town) 967, toSeptember 2:10AM, fram causes of	(County) (Stote) (County) (Stote) 27 that (I) (we) and on the date stated about 22b. DATE SIGNED				
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 atv 21. I certify that (I) (this hospital) att saw the deceased olive an Septem 22e, SIGNATURE 22c. PHYSICIAN'S	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED hille Not While of work of twork of twork ended the deceased fram ber 3 19 67, and tha	(Enter noture of injury in FINIURY (Home, form tory, street, office bldg., etc.) September 1 1 It deoth occurred (I) ATTENDING D. PHYS. D. 22d. ADDRESS	Port I or Port II of item 1B.) 20f. (City or town) 967., toSeptember 2:10AM, fram causes of the course of the c	(County) (Stote) er, 39 67 that (I) (we) and on the date stated about 22b. Date Signed September 3,19				
200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 21. I certify that (I) (this hospital) att saw the deceased olive an Septem 22e. SIGNATURE	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED hille Not While of work of twork of twork ended the deceased fram ber 3 19 67, and tha	(Enter noture of injury in FINIURY (Home, form tory, street, office bldg., etc.) September 1 1 It deoth occurred (I) ATTENDING D. PHYS. D. 22d. ADDRESS	Port I or Port II of item 1B.) 20f. (City or town) 967., toSeptember 2:10AM, fram causes of the course of the c	(County) (Stote) er, 39 67 that (I) (we) and on the date stated about 22b. Date Signed September 3,19				
200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 21. I certify that (I) (this hospital) att saw the deceased olive an Septem 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Vichian Phupakd: 230. BURIAL, CREMATION, 23b. DATE THEREOF	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED hille Not While of work of twork of twork ended the deceased fram ber 3 19 67, and tha	(Enter noture of injury in FINCE OF INJURY (Home, form tory, street, office bldg., etc.) September 1, 1' It deoth occurred 1 ATTENDING PHYS. 22d. ADDRESS 7620 York	Port I or Port II of item 1B.) 20f. (City or town) 967., toSeptember 2:10AM, fram causes of the course of the c	(County) (Stote) er 39 67 that (I) (we) I and on the date stated about 22b. DATE SIGNED 3, 194 Maryland #2120				
200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 21. I certify that (I) (this hospital) att saw the deceased olive an Septem 22a, SIGNATURE 22c. PHYSICIAN'S NAME (Type) Vichian Phupakd:	DESCRIBE HOW INJURY OCCURRED. d. INJURY OCCURRED hille Not While of foct work of the deceased fram ber 3 19 67, and that will be the deceased fram M.I.	(Enter noture of injury in FINCE OF INJURY (Home, form tory, street, office bldg., etc.) September 1, 11 at deoth occurred at deoth occurred at D. PHYS. 22d. ADDRESS 7620 York CREMATORY	20f. (City or town) 967., toSeptembe 2:10AM, from causes of the phys. Read, Towson.	(County) (Stote) er_,39_67that (I) (we) I and on the date stated about 22b. DATE SIGNED September 3,19 Maryland #2120				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after dea Page 4 may be retained by the haspital ar attending physician.

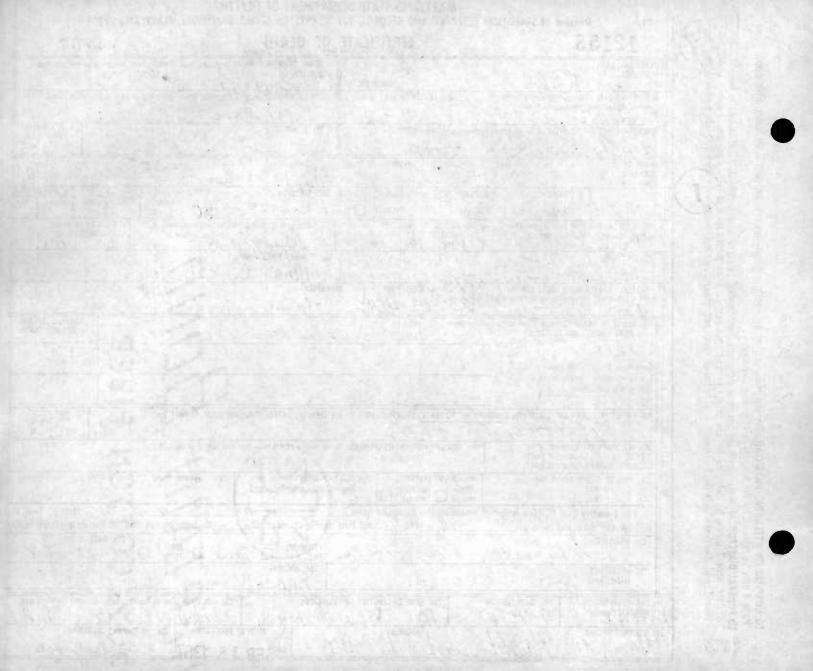
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	DIVISIO 12155	N OF STATISTIC		SEARCH AND	RECORDS	PARTMENT OF 3, 301 W. PRESTO E OF DEATH	N STREET		E 1, MA	RYLAND	
1.	PLACE DF DEATH a. COUNTY Balti			M	ARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard					
	write RURAL Balti	N (if outside corporat and give nearest town	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest to Ellicott City /3,2								
		er Baltimor				d. STREET ADDRESS 212 Main	Street			e. IS RESIDENCE ON A FARM? YES NO 2	
	NAME DF DECEASED (Type or print)	Fir BENJ	AMIN	Middle HARRI	SON	Last SHIPLEY	4. DATE DF DEATH	Month Septemb		Day Year 25, 19 67	
	sex Male	6. COLOR OR RACE White	WIDOW	EO X OIVO	RCEO T	2/11/1891				YEAR IF UNDER 24 HRS. ays Hours Min.	
aur	FIRI	ION (Cive kind of work of life, even if retired CHIEF	one 1D	FIRE DEPT	S DR	11. BIRTHPLACE (Co ELLICOTT			12. CITI	IZEN OF WHAT	
13.	FATHER'S NAM	IARD SHIPLE	Y			14. MDTHER'S MAID	MORNIN	IGSTAR			
15. (Ye	. WAS DECEASED I s, no, or unkown) NO	EVER IN U.S. ARMED FDI (If yes give war or dates of	Service)	16. SOCIAL SECURIT 214-01-955		HARRISON SH	IPLEY,	JR. Address		T AVE.	
		immediate DUE	(a) C(ongestive l	neart	emphysema a	and arte	erioscler	cotic	INTERVAL BETWEEN ONSET AND DEATH	
CERTIFICATION	20a. ACCIOENT	ICNIFICANT CONDITIO	VS CONTR			TEO TO THE TERMINAL D				19. WAS AUTDPSY PERFORMEO? YES NO	
MEDICAL CER	20c. TIME DF I Hour a.m p.m 21. I certif	y that (I) (this hosp ceased alive on Se	ear 200 What w	d. INJURY OCCURRED Ille Not While work at work ended the decease 25, 19.67	d from, and that	CE OF INJURY (Home, fa ry, street, office bldg., et Iuly 18, , 19 death occurred at 3	rm, 20f. (C	Sept. 25,	(Count	that (I) (we) last date stated above.	
23a	BURIAL, CREM REMOVAL (Spe	eclfy)				OR CREMATORY EMETERY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COTT CIT			

25a. REC'D BY RECISTRAR DATE CT 2 1967 1000 ORESOLUMBIA 25b. REGISTRAR'S SIGNATURE gelianlas Judge CITY, ELLICOTT

Committee of the programme of the control of the co the death passengers that a highland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12156 CERTIFICATE, OF DEATH 12167 that the deoth certificate be executed within 24 hours ofter death the funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND vithin 72 hours ofter C. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) filled in by e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give/street address) NO 3. NAME OF DATE Manth Year please remove eachan attending physicion and completely sermit. Then please remove eachan DECEASED SEPTEMBER (Type ar print) DEATH event, AGE (In years IF UNDER IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE NEVER MARRIED birthday) Hours WIDOWED DIVORCED and in any 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during me of working life, even if retired) HUDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME director, page 3 should be detached for use os the burial-transit permit. Then pl should be filed with the State Dept. of Heolth prior to burial, cremotion, or removal, 6. SOCIAL SECURITY NO. 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 3 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Poge 4 may be retained by the hospital or attending physicion. DUE TO Canditians, if ony, which gove (b) rise to immediate couse (a), **DUE TO** stoting the underlying couse has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. foctory, street, office bldg., etc.) Not While at work ot wark 21. I certify that (I) (this haspital) attended the deceased fram_____ 8-27-, 1967, to 9-12-1967, that (I) (we) lost -12 = 1967, and that death occurred at 2^{12} AM, from causes and an the date stated above sow the deceased olive on. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) red 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) BURIAL CREMATION. REMOVAL (Specify) Cr me TOIL) ARC ADDRESS. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15 (4) 20 M 1/66



STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S 12168 HEALTH DEPA 1. PLACE OF DEATH. 2. USUAL ESIDENCE (Where decessed lived, If institution, Reside on before edmission) b. COUNTY director. Pay MARYLAND b. CITY OR TOWN (if guilde corperete limits c. LENGTH OF STAY IN 16 outside complete limits write RURAL and give nearest town) c. CITY OR TOWA d. NAME OF HOPPITAL If not in hospital, give street address) d. STREET ADDRE IS RESIDENCE ON A FARM? ON 3. NAME OF DATE Year DECEASED OF (Type or print) DEATH 19 with 5. SEX e 6. COLOR ORARACE 7. MARRIED NEVER MARRIED 8 OATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HR last bir/hdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Victory -17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | (Yes, no, or Ankown) (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for [e), 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause 10 DUE TO (e), stating the underlying 88 cause last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SURNOT RELATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION PERFORMED pinous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED tenter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONFRIBUTING EXAMINER: 3 MEDICAL 20d. INJURY OCCURRED + 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month Rey, Yeer (County) (State) fectory, street, office bldg...aten) Not While While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 0 lease execute tertific is should be forwarded to FUNERAL DIRECTO Accident Natural causes Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country REMOVAL (Specify) 0 040 g Balto. Md. Burial 240. REC'O BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME OATSEP Iconard J. Ruck Inc. Balto. Md. 5M 7/59

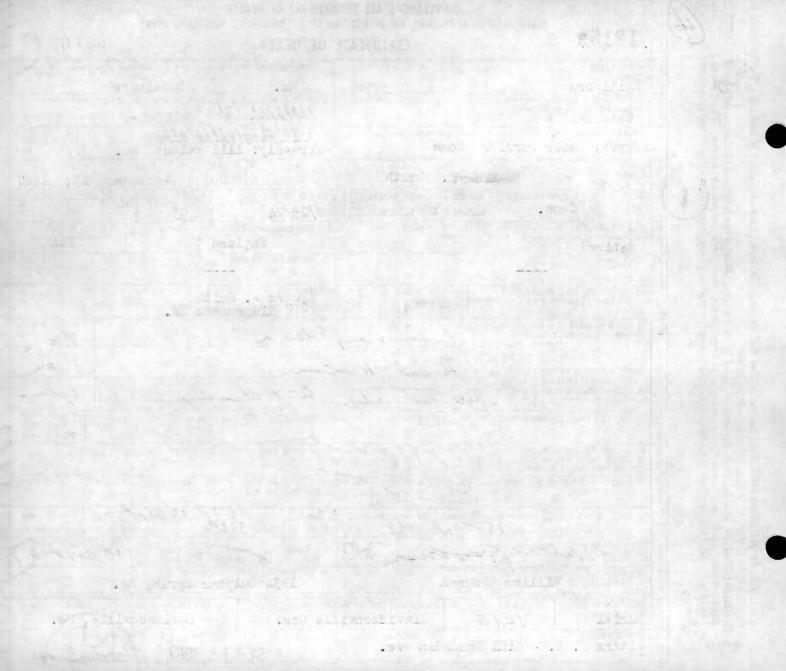
ended 9/7/6? Hereland Park Com. Sello. Co.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12158 12053 CERTIFICATE OF DEATH 24 hours after death the funeral death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b COLINTY Baltimore Md., 21228 MARYLAND b. CITY OR TOWN (If autside corporate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 720 Maiden Choice Lane Maiden Choice Lane 720 NO TE within NAME OF Middle 4 DATE Last Doy Year DECEASED complete SISTER MARY **IMELDA** O.P. September 28 67 (Type or print) DEATH 19 and in any event, remave car requires that the death certificate be executed IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH NEVER MARRIED birthday) Manths 11/10/82 female white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (Caunty & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Smisters Canada Dominican 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, unknown unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na. or unknown) (If yes give war ar dates of service Mother Superior, Dominican Sisters CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUF TO has been s stating the underlying cause ed far use as the af Health priar to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO be retained by the haspital ar certificate YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH TO FUNERAL DIRECTOR: After this certidirector, page 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. foctory, street, affice bldg., etc.) Not While at wark at work 21. I certify that (I) (this hospital) attended the deceased from 28 SEPT, 19 6, that (I) (we) lost sow the deceased alive on 28 SEPT 196, and that death occurred of 4.30 M, from causes and on the date stated above. director, page 3 shauld shauld be filed with the 22a. SIGNATUR 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS ^{22d} ADDRESS Main, Elkridge, Md. 22c. PHYSICIAN'S Dro George E. Groleau NAME (Type) 23c. NAME OF CEMETERY OF CEMAJORY Convent Adjoining 23b. DATE THEREOF 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
Burial 9/30/67 Catonsville, Md. Cem 24 FUNERAL DIRECTOR Funeral Home, Inc. 250 ORE BY REGISTRAS 67 256. REGISTRAR'S SIGNATURE **ADDRESS** 20 M 1/66 3331 Brehms Lane

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and the state	er sti		Home. Inc.		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12169 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Banavianore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 haurs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Ridgeway Manor Nursing Formerly: Walnut YES NO carban NAME OF Middle DATE Month lost Doy Year DECEASED Albert . Smith OF DEATH September 1967 (Type or print) IF UNDER 1 YEAR SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remave lost birthdoy) Months Dovs Hours Cauc. 8/25/74 WIDOWED A DIVORCED and in any and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY IJSA during most of working life, even if retired) INDUSTRY England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT and A. Smith 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Ridgemeade Rd. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse detached far use as the te Dept. af Health priar to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) **DIRECTOR:** After this Not While foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 1967, and that death accurred at 745 MM, fram causes and an the date stated abave. 1961 to 15 sept be retained 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL William Goodman 1334 Sulphur Spring Rd. NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 9/19/67 Davidsonville Cem. Davidsonville, Md. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Witzke F. D. - 4101 Edmondsn Ave. 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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M.)		THILL	IVIE	DICAL EXAMINER 2	CEKTIFICATE C	JE DEATH	
EPT.	1. P	LACE OF DEATH COUNTY Balto Ct	tor	MARYLAND	CTATE	Where deceosed lived, if institute b. COU	tion: Residence before odmission)
	b			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits, write RU	RAL ond give neorest town)
eportment of		Balto City	orest town)	1 hr.	Baltimo		28-4
58	d		STITUTION (If not in haspital		d. STREET ADDRESS		e IS RESIDENCE
			's Hospital		429 Eve	sham Ave.	ON A FARM? YES NO X
3		AME OF	First	Middle	Lost	4. DATE Mon	th Doy Year
4		Ype or print)	Louis	D.	Smith	OF DEATH 9	17 19 67
1	S. S		OR OR RACE 7. MARRIEL	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	ľ	nale wh	ite WIDOWE	D DIVORCED	9-5-21	last birthday) yrs.	Months Days Hours Min.
1	100.	USUAL OCCUPATION (Give ki	nd of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT
	durir	ig most of working life, even Traffic Divi	if refired)	INDUSTRY County	Maryland		COUNTRY?
1		FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
		Frederick W.	Smith		Bessie	Haines	
Ì	15	WAS DECEASED EVED IN ITS	ARMED FORCES?	15541247263 17.	INFORMANT	Addr	ess
1	(Yes	, no, or unknown) (If yes gi	ve wor or dotes of service)	Madadayas	Mrs. Margare	et E. Smith	Same as 2D
		18. CAUSE OF DEATH (En	ter only one couse per line f	(o), (b), ond (c).)	1/000	/USI on	INTERVAL BETWEEN ONSET AND DEATH
П		4201	DUE TO				
		Conditions, if ony, which g					
1		rise to immediate cause sloting the underlying co					
		lost.	(c)				
	ATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTI CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Mor Hour a.m. p.m.			ACE OF INJURY (Home, for ctory, street, office bldg., etc		(County) (Stote)
	Ì			emains described above, h	eld on Autopsy .	Inspection 7, Inq	uiry , ond in my opinio
		death resulted tre	_		cide , Hamicide		
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		ACTUAL	allo to	grenelt	M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNE
		EXAMINER'S	, ,	7		CAL EXAMINER	9/1-1
-		NAME (Type) Cha	rles F. O'	Donnell, M.D	• Address (Stree	et, city, tawn, or county)	1/1/17
		BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City or To	
1	В	REMOVAL (Specify)	9-20-67	Dulaney Val			lle, Maryland
		FUNERAL DIRECTOR		10500RYork Ro	ad 250. REC	D BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE
J	Wm	. Cook-Brook	cs Towson Inc	Towson, Md.	21204 DATES	P 19 1967 /	Sank Boren

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12172 CERTIFICATE OF DEATH 12162 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH attending physician and completely filled in by the fures permit. Then please remove carbart expers. Pages Logic a. COUNTY Baltimore b. COUNTY Baltimore. MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore d STREET ADDRESSO 10 S. East Ave. e. 15 RESIDENCE carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? St. Hospeh's Hospital 610 SouthBast Avenue YES NO NAME OF Last 4. DATE Day Year DECEASED John (Type or print) Cronin DEATH IF UNDER 1 YEAR IF UNDER 24 HR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years las birthday) Manths Haurs DIVORCED WIDOWED male white 7-21-03 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) Oil Co. Baltimore Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph A. Snyder Mary E. Deets 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, orunknawn) (If yes give war ar dates of service) 215-05-8828 Evelyn M. Fischer: 1913 Searles Rd.# INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Congestive heart failure DUF TO Canditians, if any, which gave (b) Anemic arteriosclerotic heart disease rise to immediate cause (a). DUF TO stating the underlying cause be retained by the hospital or attending has been (c) Pernicious anemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? of Health p YES XX NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INTURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m factory, street, affice bldg., etc.) 21. I certify that the (this haspital) attended the deceased fram September 110 6 (ta Sept. 24, 19 64 that (14 (we) last should /ith the saw the deceased alive an S ptember 249 67, and that death accurred at 3.50PMM from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. 9/25/67 DIRECTOR MD ed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lawrence F. Misanik, M.D. 7620 York Rd., Towson, Md. 21204 director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION (County) 9- 27 -67 7401 German Hill Rd. Ba, Co., M Sacred Heart Cembery 901 S. Confiling Balto, 21224, 2Sb. REGISTRAR'S SIGNATURE VR A15 20 M 1/66

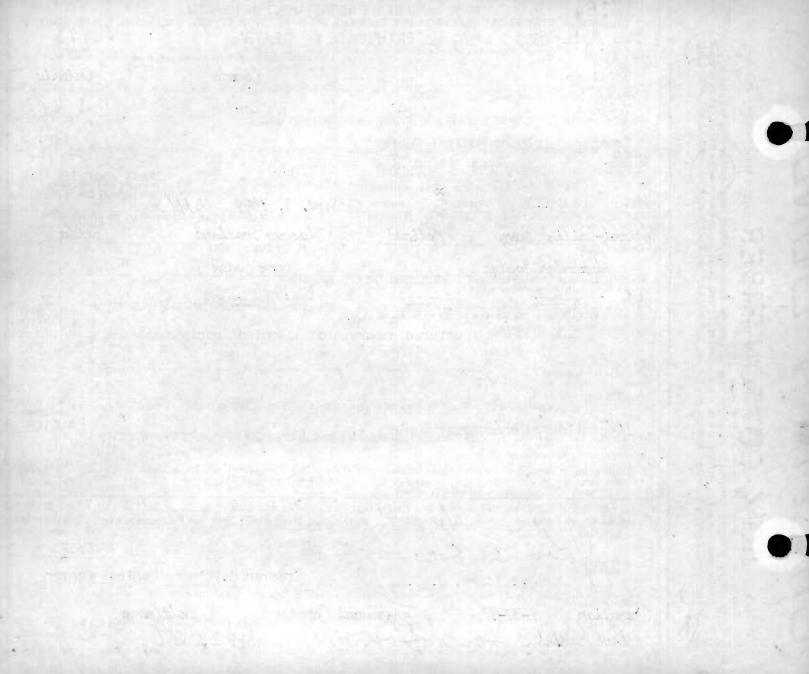
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12173 CERTIFICATE OF DEATH eath. requires that the death certificate be executed within 24 haurs after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL ond give neorest town Baltimore 21234 Baltimore 21234 p ban papers. within 72 he d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) = 21234 e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 7716 Hillsway Rd. 21234 attending physician and campletely filled sermit. Then please remove carban pape 7716 Hillsway Road YES NO K NAME OF First Middle 4. DATE Year Doy -3-67 DECEASED Lisetta (Type or print) Doretta SNYDER and in giny event, 19 DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost pirthdoy) Months Dovs Hours Female Whit.e 8-26-78 WIDOWED K DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mat Awaking line wen if retired) COUNTRY Own home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, George Schwartz Caroline Schultheis 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service)
218 17. INFORMANT Addres21234 16. SOCIAL SECURITY NO. permit. 54 0049 Miss Dorice Snyder 7716 Hillsway Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUF TO stoting the underlying couse prior to has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION with the State Dept. af Health YES NO O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram A and , 1967, to de 19 @ 2 and that death accurred at @ A. M. fram causes and an the date stated above. saw the deceased alive an well 22o. SIGNATURE 22b. DATE.SIGNED ATTENDING directar, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S William M. Conway NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOTALI (Specify) 9-6-67 St. Pauls Violetville Baltimore, Maryland ADDRESS 21204 2So. REC'D_BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FLINERAL DIRECTOR VR A15 (4) Charles Wm. E. Johnson, 8521 Loch Raven Blvd. Balto. Md. DAIL

MARYLAND STATE DEPARTMENT OF HEALTH

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	Baltimore MARYLAND a. STATE (anada	OUNTY	Ontario	1
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	write RURAL	and give nearest	town)
	Towson 4 days London		90:	3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS		e. IS RESID ON A FA	DENCE RM?
_	Greater Baltimore Medical Center			ID 🗌
3.	DECEASED	onth	Day Year	
5.	SEX 6. COLOR OR RACE 7. MADDIED ALTER MADDIED 1.8. DATE OF BIRTH 19. AGE (in ver	eptembe	r 18 196	7 24 HRS
	Malo Call Windows T Dwones T C / / 1900 Ko th/	Months	Days Hours	Min.
10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cou	ntry) 12. CI	TIZEN OF WHAT	
	etired—British Navy Retired Glasow Scotland		untry?	
	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1 0		
	Alexander Souter Anne Horne			
	es, no, or unkown) (If yes give war or dates of service)	dress		
	NO tamily records			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DE	WEEN EATH
	IMMEDIATE CAUSE (a) Ruptured aneurysm of abdominal aorta			
	Conditions, If any, which \ (b)	ALC: S		
	gave rise to immediate			
	cause (a), stating the DUE TO underlying cause last.	_ 636		
NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART 1(a)	19. WAS AUT	DPSY
CERTIFICAT	Consolidated bronchopneumonia			ID 🗌
RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	II of Item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While Not While 10 10 10 10 10 10 10 1) (Cour	ity) (St	ate)
ME	p.m. 19 at work at work	/10 6	_	
-			Z, that (1) (we	
	saw the deceased alive on 9/18 1967, and that death occurred at 3: CoppM, from the cause 22a. SIGNATURE	es and on th	IE GATE STATEG A	annve
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.		9/67	
	22c. PHYSICIAN'S 22d. ADDRESS			
	John F. Adams, M. D. Greater Ballimore Mi			
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City REMDVAL (Specify)	, town or cou	nty) (Sta	te)
-	(remation 9-20-67) Greenwount (emetery Baltim	REGISTRAR'S	CCICNATIDE	
24	. HUNEBAL DIRECTOR 25a. REC'D BY REGISTRAR 25b.	KEGISTKAK'S	SIGNATURE	-
	John Jumo Jono Jowdon DATE SEP 22 1967	Ollow	las Judg	Es :



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any weat, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
19166
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLANO	a. STATE b. COUNTY Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	13/
Baldwin years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baldwin d. STREET AOORESS 6. IS RESIDENCE
G. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN HOSPITAL, give street address)	ON A FARM?
Sweet Air Rd. At Patterson Rd.	Sweet Air Rd. at Patterson Rd YES NO X
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) - mind Caroline St	terner DEATH Sept- 10 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	OATE OF BIRTH 9. AGE (In lears FUNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED OVORCED A	Vov, 9, 1909 (ast birthday) Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
bookkeeper 13. FATHER'S NAME	Baltimore City, Md U.S.A.
	ATO MOTHER S MATORITATION
Frank J. Sterner	Emma Starklauf
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No 220-14-4239 Mrs	. Ruth j. Neigsch Sweet Air at Patterson
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	lest breast onset and Death
IMMEDIATE CAUSE (a) U & L C C	1 dr.
OUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELAT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO TO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not While at work at work	y, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	19.5 to Sept 196 7 that (i) (we) last
7 7 7	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNED
Withou a Typon M.D.	ATTENDING MED. STAFF PHYS. D 9-10-67
22c. PHYSICIAN'S	22d. ADDRESS
William Name (Type) A. Tyson	Kingsville Md.
	OR CREMATORY 23d. CATION (City, town or county) (State)
23a. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUT 1a! 9/13/67 Oak Lawn Cem	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS	
Wm. Cook-Brooks, Inc. 1217 St Paul St. Ba	CED 1 3 196/1 (Cuantos) 3mg

VR A.15 (4) 20M 1/65

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CERTIFICATE OF DEATH

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add		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased			re admissian)
		o. COUNTY Bal	timore		MAR	YLAND	o. STATE Marv	hand	b. COUN	ITY	
		L CITY OF TOWN (If autside carparate limit	ts,	c. LENGTH OF STAY		c. CITY OR TOWN (If au		imits, write RUR	AL and give neare	st tawn)
rely filled in by the ban papers. aga, within 72 haurs of	0.	Baltim	give nearest town)				Baltimo				30-4
in by in by rs.	-		AL OR INSTITUTION (If n	ot in haspital, aiv	e street address)		d. STREET ADDRESS	1.0		T	e. IS RESIDENCE
ed i			st Nursin				21 W. 2	7th St			ON A FARM? YES NO 🛣
ily filled in papers. within 72 h	3	NAME OF		irst	Middle		Lost	4. DATE	Mant	h Do	
P P P P	1	DECEASED (Type ar print)		aura	D.		Sultzer	OF DEATH	Q	17	19 67
omplet ve car event,	5.	SEX	6. COLOR OR RACE	7. MARRIED			8. DATE OF BIRTH		GE (In years	IF UNDER 1 YEAR	
and completely fi remave carban p n any event, with	1/	म	W	WIDOWED 1	_		12/9/1887		79 yrs.	Manths Days	Haurs Min.
and rem	100	-	(Give kind af wark done life, even if retired)		OF BUSINESS OR		11. BIRTHPLACE (County		1.1	12. CITIZEN C	OF WHAT
an a	dur	ing mast af warking	life, even if retired) ewife	INDL	ustry Wm_Home		Baltim			COUNTRY	? Δ
Sici	13.	FATHER'S NAME	CMTTA		WII IIOIIIO		14. MOTHER'S MAIDEN		u	0	ett.
phy ova		Henry C	. Dean				Margare	t E. H	agan		
en ing	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		CIAL SECURITY NO.	17.	NFORMANT	18400	Addre	SS	
aquires that the death certificate be executed physicion. signed by the attending physician and complet burial-transit permit. Then please remave car burial, cremation, ar removal, and in any event	(40	No.	(If yes give war ar dates	of service)	36-7749	Mis	s Ruth De	an)	(Same	e)	
e at per		18. CAUSE OF DI	ATH (Enter only one co				1 1-1	1/			TERVAL BETWEEN
tar m the nsit p matic		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) /	10la	de	elec !	acc	enne	ed ?	OFFICE S
d d b - 7.		1631		10	7-1	2	•		1		
hysi gne uria uria		Canditians, if any rise ta immediat	e (nuse (n)	(b)	-0 C	Ma	en	1	//		2-1-1
		stating the unde		10	011			AT T		1 1	un/
e law ra tending as been as the priar ta		last.	,	(c)	ver	en	enne	YAL	m	1	WAS AUTODSY
atte atte has se a se a	NO	PART II. OTHER ST	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NOTITON ISIVEN IF	Y PART I(0)	1	PERFORMED?
ar ar ar ealt	FICAT	20a. ACCIDENT WA	TIMPEDIAING [Took prec	DIDE HOW INTIDA O	CCHDDED	(Enter nature of injury in	Part I as Dark M	at 10 h 10 h		YES NO
LLAN: In pital ar at trificate ha d far use af Health	CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DESC	KIBE HOW INJUKT O	CLUKKED.	(cirrer nature at injury in	raii i ar raii di	di Hem 10.)		
has has s cel spt.	SAL		MEDICAL EXAMINER) JRY Month, Day, Yeor	20d. INJ	JRY OCCURRED	20e. PI A	CE OF INJURY (Hame, forn	n, 20f. (C	ity or tawn)	(County)	(State)
the hast this cer detacher te Dept.	MEDICAL	Haur a.r	n.	While of wark			ary, street, affice bldg., etc.			(22)	(212.7)
by the Stat			1.11	Enital) attende	d the deceased	from 2	23 JUNE	194 1/10/	17Sept	Emb196 /	hat (I) (well last
OK ALLEND be retained DIRECTOR: A je 3 shauld je 3 shauld ed with the		saw the d	eceased give on	Septem	196%	and that	death accurred at	850 M. I	rem causes	ond an the da	te stated above.
be retain DIRECTO ge 3 sha led with		22a. SIGNATURE	2/1 /	1		. 1	ATTENDING -	Well	CTAFE	22b. DATE SIG	NED ,
ed w se r		XU	nous	2/01	Conn	e (M)	S. PHYS.	DIRECTOR	STAFF PHYS.	17Sept	ember6)
0		22c. PHYSICIAN'S NAME (Type			TO OID-	67	22d. ADDRESS	York F	600		
VERAL VERAL Id be fi			DI. 01		F. O'Do						
2 8 5 9 3 ()	230	REMOVAL (Specify	A l		23c. NAME OF CEM				ION (City ar To	wn) (Caunt	y) (State)
22 2 5	E	REMOVAL (Specify		1967	Balti	more	l ne_ per	Balt D BY REGISTRAR	imore	GISTRAR'S SIGNATI	Md.
VR A15 (4) 25M 1/67	自	W. Jen	kins & Se	ons Co.	4905° Y	ork	Rd. DATE SI			Clarles	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY after by the f Pages 1 urs after Baltimore MARYLAND Virginia b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by papers. Page in 72 hours a write RURAL and give nearest town) hours Towson 9 Days Dugspur d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Greater Baltimore Medical Center YES NO within letely rbon WITH 3. NAME OF First Middle 4. DATE Month Last Year DECEASED (Type or print) E E DEATH 1967 Wesley Sutphin 9 executed and con remove 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours any WIDOWED DIVORCED M | Cau | WIDOWED | DIVORCEL

10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR May 20 1888 79 physician n please r val, and in 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? death certificate Mtce. man Caroll Co. V Virginia II. S 13. FATHER'S NAME гетоуа Joseph Sutphih
15. WAS DECEASED EVER IN U.S., ARMED FORCES? Eveline Mc Peak ed by the attend transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Yes W.W.I 231-16-2193 Vaughn-Gwynn F. H. Hillavale, Va. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN The law requires that the signed by ourial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of head of pancreas PHYSICIAN: The law requires that the hospital or attending physician. been Signification to burial-tra DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. 38 CERTIFICATION r this certificate hadetached for use a te Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO T 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) DIRECTOR: After than age 3 should be detiled with the State D factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained 21. I certify that (1) (this hospital) attended the deceased from 9/21 1967 9/29 . 19.67 that (I) (we) last 19 67, and that death occurred at : 40M, from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATORE 22b. DATE SIGNED MED. 9/27/67 DIRECTOR M.D. PHYS. pa FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Greater Baltimore Medical Center John E. Adams, M.D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Burial 1967 Mitchells Cemetery Dugspur. Virginia 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR AI5 (4) Wm. Cook-Brooks, Towson Inc. 1050 N. York Rd 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2b,c. 12180 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Page o. STATE b. COUNTY PIO ot o Baltimore MARYLAND Maryland delay i Deportment b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) Silver Spring Owings Mill d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE Item 18. Give Poges 1, Office along with form ON A FARM? Rosewood State Hospital State YES NO 24 hours after deoth. NAME OF DATE Day Year DECEASED (Type or print) DEATH September SYLVESTER JOHN 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years 7. MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED Male OCCUPATION (Give kind of work dane White 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of Warking life, even if retired) INDUSTRY Washington D. Chief Medicol Exominer's 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME Donall H. Sylvester Lorraine H. Boyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, ar unknown) (If yes give war ar dates af service None within Rosewood Hospt. Records Vo 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH event Asphyxia due to steam inhalation IMMEDIATE CAUSE (a) certificate should writing the word DUE TO ony Canditians, if any, which gave (b) nse ta immediate cause (a), 2 DUE TO stating the underlying cause o. ond 0.5 removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? the certificate, NO 20a. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) cremotion, or should CAUSE OF DEATH. Subject accidentally died from steam in room 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice blda., etc.) Hour XOOC FUNERAL DIRECTOR: Page at wark at wark 3:45-5 p.m. 19 67 9 24 please execute Hospital Owings MILL Balto. 21. I certify that I taok charge af the remains described above, held an Autopsy X, Inspection , Inquiry and in my apinion buriol, Natural causes , Accident X death resulted fram: Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior **SIGNATURE** DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, ar caunty) NAME (Type) Russell S. Fisher, M.D. Sept. 25, 1967 23a. BURIAL CREMATION, Rosewood (emetery 0 Owings Mills, Burial (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME 5 Fline & Sons Reisterstown, Md. 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12170 CERTIFICATE OF DEATH 12181 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY BALTIMORE a. STATE MARYTAND b. COUNTANNE ARUNDEL MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) be executed within 24 hours 50 DAYS CLEN BURNTE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 417 Annapolis Blvd VETERANS ADMINISTRATION HOSPITAL NO carban NAME OF First Middle 4 DATE Month Year DECEASED SEPTEMBER SZYMANSKI FRANK (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) MATE CHUISIN WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during mast af warking life, even if retired) INDUSTRY COUNTRY? law requires that the death certificate BUFFALO, NEW YORK

14. MOTHER'S MAIDEN NAME U.S.A. BARRER BARBER SHOP 13. FATHER'S NAME or removol, MARY YAKOBASKA PETER SZYMANSKI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war ar dates of service 56 93 16 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) UNKNOWN PART I. DEATH WAS CAUSED BY CEREBRAL THROMBOSIS LEFT MIDDLE CEREBRAL ARTERY IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate cause (a), DUF TO stating the underlying cause be retained by the hospital ar ottending CEREBRAL ARTERIOSCLEROSIS UNKNOWN WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? HEART DISEASE, ATRIAL FIBRILLATION NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc. 21. I certify that (12 (this haspital), attended the deceased from and that death accurred at 11:25 RM ram causes and an the date stated above saw the deceased alive on 22a. SIGNATURE 9/28/67 M.D. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) VAH FORT HOWARD, MARYLAND NEILON NEILSON, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City of Town) (County) (State) REMOVAL (Specify) BALTIMORE. MARYLAND STANISLAUS CEMETERY 10/2/1967 24. FUNERAL DIRECTOR Raymond C. Fink Clen Burnie, 426 Crain Highway, SW,

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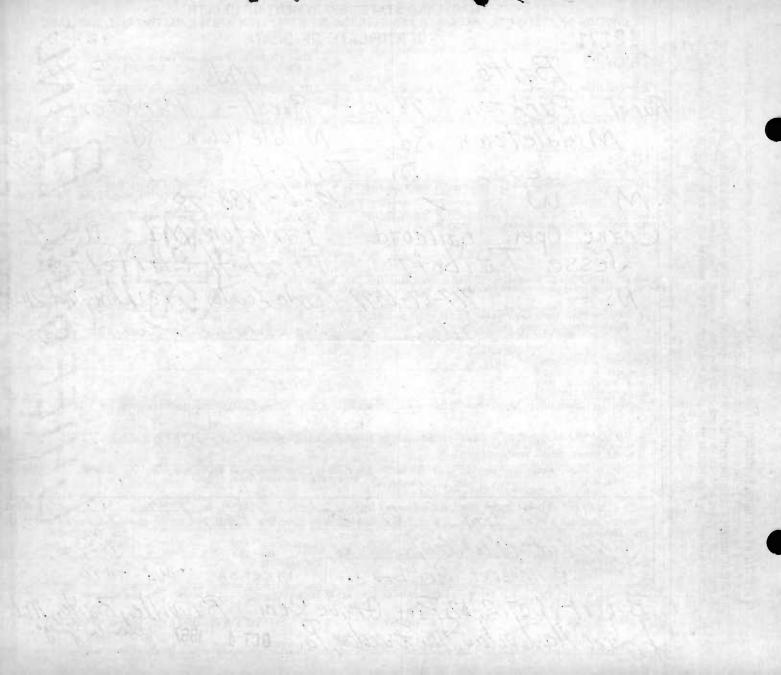
THE STATE OF THE S

TIME MAKEN PROTE

DURINGS SERVED, N. D. VAN PORT BOWARD, WARTLAND

BULLE 10/2/1967 IC. BURLISLAVE CHARLERY BULLIONE, MARKEUR THE STATE OF THE S - AN CHARLES COLD FOR THE PERSON NAMED IN

11	1		MARYLAND STATE DEPARTMENT OF HEALTH
1	()		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12171 CERTIFICATE OF DEATH 12182
	death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased lived, If institution: Residence before admission)
	er de		a. COUNTY BALTO . MARYLAND B. COUNTY BALTO .
	in by the fur Pages 1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	4 hours a hed in by hers. Pag	Z	ural- Parkton /8 vrs Mural - Parkton 3
	filled pagers		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give afreet address) On A FARM? YES D NO ZI
	within within within within	3.	NAME OF First Middle Last # /1 4. DATE Month Day Year
	wi wi		(Type or print)
	e death certificate be executed within 24 the attending physician and completely fit to permit. Then please remove darborn paration, or removal, and in any event, within	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	an al	10 du	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	ysici ysici oleas and	(trake Oper. Kailroad Parkton, Mai U.S. H.
	law requires that the death certificate be attending physician. has been signed by the attending physician as the burial-transit permit. Then please in prior to burial, cramation, or removal, and in the contract of the con	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. TATACH 16. MOTHER'S MAIDEN NAME 17. TATACH 17. TATACH 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 19. TATACH 19. TAT
	cerl andin L. Ti	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 4.
	requires that the death of ding physician. been signed by the atten the burial-transit permit. or to burial, cremation, or	(4	es, no, or unknown) (If yes give war or dates of service) 7/7-07-6778 Londa Leister, Parkton, Md. 2/120
	he d / the sit p matic		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
	at the sian.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cellerio Scheralie Carder Coscular Alexander 3 yr
	hysic hysic signe rrial- rrial,		Conditions, If any, which
	quire		gave rise to Immediate ((b)
	w re-		cause (a), stating the Country (c) (c)
	The lay or atte cate had a sealth pu	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	I: That of the all of the all	IFIC/	YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	PHYSICIAN: The law requires that it the hospital or attending physician, this certificate has been signed by detached for use as the burial-trane e Dept. of Health prior to burial, cra	CERTIFICATI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 4 work 20f. (City or town) 20f. (City or t
	OR ATTENDING be retained by INRECTOR: After ga 3 should be ed with the Stat		21. I certify that (I) (this-hospital) attended the deceased from 1801, to 7-24, 1962, that (I) (we) last
	CTO Sho		saw the deceased alive on 19 , and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
	OR DIRE		Checkert Muellech M.D. ATTENDING MED. STAFF 7-29-67
	TO HOSPITAL (Page 4 may From Front Page 4 may director, page 3 may bag director, page 5 may bag director, page 5 may bag		22c. PHYSICIAN'S NAME (Type) C. HERBERT MUELLER Jr PARKTON Mol-21120
	FUN FUN Fun Fun	23	BURIAL, CREMATION, 23b, DATE/THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) / (State)
	5-5/1	1	Start 2 Dct. 2, 62 Pine Frave Cem. Ravville, Batto, Md.
	VD 415 (1/1)	24	A I William as well a
	VR AI5 (4) 20M 1/65	A	L Jacob Harlenstein, Hew Tireledom, Ta, DATOCT 4 1961



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12183 CERTIFICATE OF DEATH 12172 requires that the death certificate be executed within 24 haurs after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY 1 fimor MARYLAND 72 hours after c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) BAIFINIVA filled in d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? AlcozAr Hote YES NO [County 3. NAME OF Year Last completely nove carban OF DEATH DECEASED EUES 5-196 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH NEVER MARRIED 6. COLOR OR RACE 7. MARRIED last birthday) Months Doys Hours MALE WIDOWED DIVORCED and in any pup 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) **INDUSTRY** physician SALTI MORE LOTHING CHITTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, AMUEL 16. SOCIAL SECURITY NO 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the of Health prior to has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS PERFORMED? for use NO **DIRECTOR:** After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. MEDICAL 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Not While factory, street, affice bldg., etc.) Hour a.m. 19 at wark at work pe 21. I certify that (I) (this haspital) ottended the deceased from , that (1) (we) last director, page 3 shauld shauld be filed with the shauld and that death occurred at 3 554M, fram causes and an the date stated above saw the deceased alive on, 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) BALTO 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) PIA 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

All American Country and the hand the first the first that the second that the A CONTRACTOR OF THE CONTRACTOR the chart Central Factory D. Lineson and myrended beforetin 2 well Cuteriogeleader Heart Descript underen Obsert Exogerm Kolando A. Madamba - Bar & Grando

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12184 12173 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. pup 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by the funeral papers. Pages I and 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Maryland Baltimere b. CITY OR TOWN (If outside carparote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) papers. Pus write RURAL and give neorest town) Baltimere Towson e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 515 Ressiter Ave., 21212 St. Joseph Hospital YES NO 🕟 3. NAME OF Middle 4. DATE grban Lost Dov Year completely DECEASED 1967 JOHN FRANK SIEPO DEATH 9. AGE (In years SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED va your emore birthday) Months Days Hours 12/20/1890 WHITE MATE WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) INDUSTRY please and Baltimore, Md. Retired Civil Service 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Wesley W. Thomas Ella A. Toadvine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 21209 (Yes, no, or unknown) (16 Jes give war ar dates of service Thomas 2112 Ken Oak Rd Miss Ellen VAS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by attending physician. DUF TO Canditians, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health YES NO by the haspital ar ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur o.m. Nat While at wark 21. I certify that (1) (this haspital) attended the deceased fram \$121.167 be retained 19 677, and that death accurred at 15PM, from causes and an the date stated above saw the deceased alive an_ 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23o. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Baltimore 967 Burial Loudon Park 2Sa. REC'D BY REGISTRAR 24_ EUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Sons Co 20 M 1/66

7000 William and regions 200 to the contract of the Seller cert/e/fit is made to be presented by the the contract of the contract of THE RESERVE OF THE SECOND STREET, A.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 2185 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Assidence before admission) e. COUNTY b. COUNTY after b. CITY OR TOWN (if outside corporate limits C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) hours 10W50K 10W500 INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X within etely NAME DE First Middle Last DATE 3 DECEASED DF 1967 (Type or print) Ihomas DEATH executed SEX 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 9. remove NEVER MARRIED last birthday) | Months Days Hours and WIDOWED DIVORCED 5 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician be during most of working life, even if retired) certificate FATHER'S NAME MOTHER'S MAIDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. DULANS 17. INFORMANT permit. 0 death (Yes, no, or unkown) | (If yes give war or dates of service) THOMAS the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH MYOCARD physician. signed burial-t burial, RIOSCLEROTIC CARDIOVASCULAR DISEASE Conditions, If any, which gave rise to immediate attending 2 the DUE TO cause (a), stating prior underlying cause last. SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate PHYSICIAN: The NO T YES 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached f te Dept. of CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) MEDI Hour a.m. While Not While at work at work retained p 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 9 saw the deceased alive P. M. from the causes and on the date stated above. 22a. SIGNATURE pe director, page 3 should be filed w STAFF Page 4 may b M.D. PHYS. DIRECTOR PHYS. FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) ONGON BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 10 DRUID RIDGE CEMETER FUNERAL DIRECTOR ADDRESS 7.5b. VR A15 (4) 10WSON DATE 20M 1/65

- Had tollal mound 50P Courte Balt. Mal Center I Vacinas 113 91 78 SmadolA -spicuseward Been Aberconnie THE REAL PROPERTY AND THE PARTY AND THE PART ACUTE MYOCARDIAL INFARCTION AFTERMOSC LEROTING CARCINOMSCHILAR DISCHSE V Comment Have A. Manager

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12186 HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH b. COUNTY Baltimore e. COUNTY Baltimore Maryland any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Sparks Sparks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Belfast Road Belfast Road NO X YES 3. NAME OF Middle DATE Month Day Year First Last the DECEASED 1967 ONGUE DEATH C.PT. (Type or print) 2 with within 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS cate should be executed within 24 hours after death. If a the word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with form 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthdey) Months | Days Hours White Male WIDOWED DIVORCED Jan. 29.1954 and sevent 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stete or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY -USA Easton, Maryland pages 1 in any Student 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Miriam Strong Noble T. Tongue File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. I Noble T. Same Tongue No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (lus DUE TO Conditions, if eny, which (b) gave rise to immediate DUE TO cause (a), stating the ra __ underlying cause last. (c) used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? certificate YES NO Z AL EXAMINER: This certific the certificate, writing t should be forwarded to ld be prior DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should agent, p MEDICAL (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While GTOR: Page designated et work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Pa Inspection 4. Inquiry es. DIRECTOR: Undetermined manner Natural causes Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER 4 for your execute r. Page 4 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER FUNERAL Health **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) 2 Sherwood Episcopal Cockevsville Church Burial 9/25/67 Sherwood Episco:

24. FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc. 6500 York Rd. 25a. VR A15ME DATE Baltimore, Maryland 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12187 12176 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE h. COUNTY Baltimore MARYLAND Maryland Carroll b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Owings Mills 61/2 yrs. Sykesville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosewood State Hospital Rt. 4 - Monroe Avenue NO TE YES Middle 4. DATE First Year Day DEATH (Type or print) Craig Richard TRACEY NEVER MARRIED 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 8-12-57 White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore City. Md. Dependent U.S.A. none 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Quintin Royston Tracey Pauline Lamonde Hart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service) Rosewood Records, Owings Mills, Md. none 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH **DUE TO** Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur 'a.m. Nat While factory, street, affice bldg., etc.) at work at wark 1960 21. I certify that 21) (this haspital) attended the deceased fram. 12-8 9-5 19 67 that \$ (we) last 19 67, and that death accurred at 1:10 b. from causes and an the date stated above. saw the deceased alive on 925 22a. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR -9-5-67 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Zsolt Koppanyi, M.D. Rosewood Records, Owings Mills, Md. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. DATE THEREOF 23d. LOCATION (City or Town) (County)

25b. REGISTRAR'S SIGNATURE

2Sq. REC'D BY REGISTRAR

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death remave and ar remaval, crematian, be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta director, shauld be VR A15 (4) 25M 1/67

filled in by the fun papers. Pages 1 bin 72 hours after a

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a. COUNTY

NAME OF

DECEASED

Male

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24. FUNERAL DIRECTOR

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tems_18-21 Film 394 LO-26-67 ams DIVISIÓN OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12188 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore delay is and 3 to A3. Poge Deportment of Baltimore Maryland MARYLAND CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and 2, and PM3. 6 Years Baltimore - Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Office olong with form ON A FARM? YES NO A in Item 18. Give Pages ote 8015 Gough St App. 7600 Baltimore St. be executed within 24 hours ofter death. 4. DATE Day Year DECEASED (Type or print) DEATH URBANTAK JOHN THOMAS Sept SEX 9. AGE (In yeur 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH ost birthdoy) Months Days Hours Male White WIDOWED DIVORCED July 3, 1912 ond 2 deot 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ofter U. S. A. Maryland d 'pending' in pencil in Chief Medicol Examiner's Bethlehem Steel Co. Carpenter pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 hours Stanley Urbaniak Pearl Prus E 17. INFORMAN(Wife) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Dundalk, Md. 21224 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) within 212-03-3866 Mrs. Helen Urbaniak, 8015 Gough St. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY event 5th degree burns of entire body IMMEDIATE CAUSE (o) This certificate should e, writing the word forwarded to the C DUPLING ony Canditions, if any, which gave Carbon monoxide poisoning rise to immediate couse (o), = DUE TO Ö stoting the underlying cause puo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? removal, Arteriosclerotic cardiovascular disease YES X NO certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY IN or CONTRIBUTING should cremotion, or CAUSE OF DEATH. Subject driver in auto into ditch 20d INJURY OCCURRED ~ 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) 20c. TIME OF INJURY Month, Doy, Yeor (County) (State) Nat While factory, street, office bldg., etc.) of work at work Street Essex Md please execute 21. I certify that I taak charge af the remains described above, held an Autapsy [X], Inspection . Inquiry , and in my apinian buriol, Natural causes . Accident . Suicide . the funeral director. death resulted fram: Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE moy be re DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Heolth NAME (Type) Russell S. Fisher, M.D.
230. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) 2 REMOVAL (Specify) Baltimore, Md. 10/2/67 Sacred Heart of Mary Cem. John J. Duda, 2829 Hudson St. Balto. Md. 21224 VR A15ME 6M 1/67

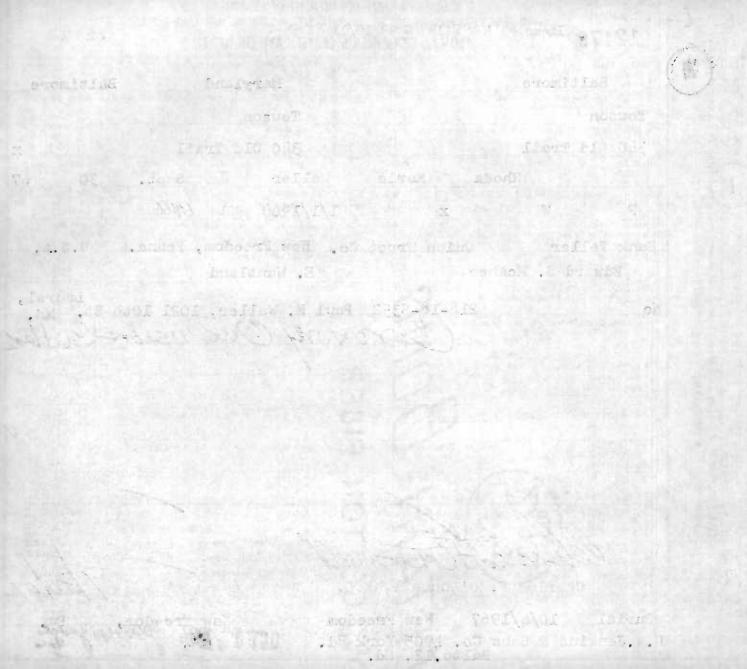
MARYLAND STATE DEPARTMENT OF HEALTH

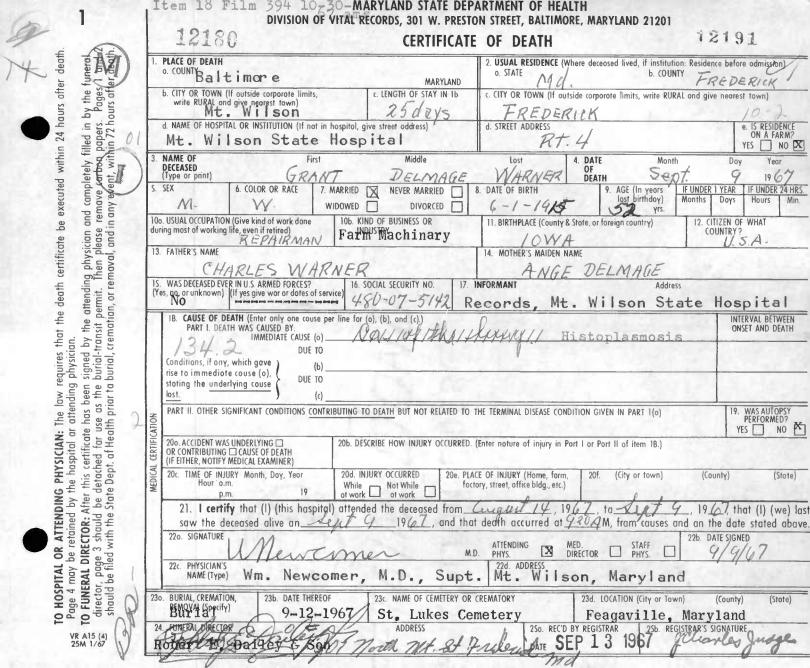
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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e death		PLACE OF DEATH O. COUNTY Baltimore	м	ARYLAND	- CTATE	(Where deceosed lived, if instaryland	TIMITY	before odmission)
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th certifico ling physic Then ple removal, a	13.	FATHER'S NAME William A. Burn	nette		14. MOTHER'S MAIDEN Berth	NAME a Peace		
te deoth certificote be execute of other one comported that the please remover ion, or removal, and in any events.	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of se	ervice) 16. SOCIAL SECURITY NO		in P. Vaid	en 1861 Yako	na Road	21204
that the d an. by the ott rransit per cremation,		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cancer	e f	- tong	ue		INTERVAL BETWEEN ONSET AND DEATH
equires physici signed burial-1 buriol,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.						
두 6 수 8 千	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT		RELATED TO TI	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e hospitol or nis certificate stoched for u Dept. of Heal	CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)		
PH on he	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work		E OF INJURY (Home, for ry, street, office bldg., etc		(County	y) (Stote)
= 77 77 00		21. I certify that (I) (this hospit saw the deceased alive an	attended the deceas	ed fram _, and that	death accurred a	19 <u>67</u> , ta <u>Sept.</u> it <u>3</u> P.M, fram caus	es and an the	date stated above
AL OR ATTENE y be retoined L DIRECTOR: A oge 3 should filed with the		R. Donald Jando	orf andor	M.D	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	22b. DATE	29-67
SPITAL O 4 may be VERAL DIF Or, poge Id be filed		22c. PHYSICIAN'S NAME (Type) R. Donald			6077 н	arford Road.		
TO HOSPITAL OR A Poge 4 may be re TO FUNERAL DIREC director, poge 3 should be filed will	230	REMOVAL (Specify) 10-2-6	67 Baltin	ore Na	tional	23d. LOCATION (City or Baltimor DBY REGISTRAR 25b.		ounty) (Stote)
VR A (5/4)	24	FUNERAL DIRECTOR Wm. E. Johnson, 8521	Loch Raven E	lvd. 2	1204 250. REC	D BY REGISTRAR 25b.	Climbles	andre.

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FOR STATE		12173 Items #80 VITAL REC	LM #G393 1071 CAL EXAMINER'S	CERTIFICATE OF D	EATH	12130
HEALTH DEPT		PLACE OF DEATH			deceosed lived, if institution: Res	sidence before odmission)
loy is Poge	4	Baltimore	MARYLAND	o. STATE Marvla	nd b. COUNTY	Baltimore
deloy is and 3 to M3. Page			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	orparate limits, write RURAL and	
PM3.		Towson		Towson		03/
am)		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	e street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ooth. If any deloy cages 1, 2, and 3 in form PM3. Pa		340 Old Trail		340 Old	Trail	YES NO E
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urs n 13 d2 d2 eoth	10	F W WIDOWED		1/1/1900 190		CITIZEN OF WALL
This certificote should be executed within 24 hours o tote, writing the word "pending" in pencil in Item 18, be forworded to the Chief Medical Exominer's Office be be used as a buriol-transit permit. File pages lond2 wremavol, and in any event within 72 hours after death.	dur	ng most of working life, even if retired) INDU	OF BUSINESS OR ISTRY	11. BIRTHPLACE (Stote or for		2. CITIZEN OF WHAT COUNTRY?
er's er's ges affe	13	Bank Teller Unio	on Trust Co	New Freed 14 MOTHER'S MAIDEN NAME	om, Penna.	U.S.A.
s certificate should be executed within 24 s, writing the word "pending" in pencil in forworded to the Chief Medical Exominer's used as a buriol-transit permit. File pages avol, and in any event within 72 hours after	13.	Edward S. McAbee		E. Wantlar		
I wi n p Exo File 2 hc	15		CIAL SECURITY NO. 17.	NFORMANT	Address	
mit.		s, no, or unknown) (If yes give wor or dotes of service)	~?· ·			Laurel,
be execute "pending" ief Medica nsit permit	N	18. CAUSE OF DEATH (Enter only one cause per line for 16		ul M. Waller	c, 1021 10th	ST MA
ld be e rd "per Chief I transit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Way or	1204 (9)C	E/USIAN	CONSET, AND DEATH
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shou the uriol- ony		Conditions, if ony, which gove) (b)				
the state of the distribution of the state o		rise to immediate couse (o), stating the underlying couse DUE TO				
ertificate should writing the word rworded to the Cf sed os a buriol-tra sol, ond in ony ev		last. (c)	1 2			
This certificate, writbe forwor	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
his ote, ote, be to	CERTIFICATION					YES NO 🖸
INER: Thi e certificat should be files. 3 should be	ERTIF	PRIMARY 🗆 or CONTRIBUTING 🗀	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 18.)	
EXAMINER: 1 ute the certificate of the should be your files. Your files. Page 3 should cremation, or r		CAUSE OF DEATH.	IDV OCCUPDED TOP DIAM	CF OF MUIDY /Harry from	20f. (City or town)	(Carata) (Carata)
EXAMINEF ute the ce oge 4 shou your files Page 3 sho	MEDICAL	Hour o.m. While -	Not While foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
L EXA ecute Poge or you or you crem	-		of work		. 5	7
AL exector. Por I far Tror.		21. I certify that I took charge of the rema				, and in my apiniar
MEDICAL oleose executed director. Petained far DIRECTOR: r to buriol,		death resulted from: Natural causes	Accident [], Suic	ide Hamicide ,	Undetermined monner	
MEDICAL EXAMINER: This please execute the certificate, director. Page 4 should be fortained far your files. DIRECTOR: Page 3 should be use to buriol, cremation, or remains to buriol, cremation, or remains to buriol.		ACTUAL ON DIVO HA	In January	ASSISTANT MEDICAL EXAMI		22 DATE SIGNED
		SIGNATURE ()	1 Carry	DEPUTY MEDICAL EXA		04/
O DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 45 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crema		NAME (Type) Charles F. O'Do	nnell, M.D.	Address (Street, city,		1/30/67
nece the 1 5 mc 6 FU Heo!	230	BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 2	d. LOCATION (City or Town)	(County) (State)
5 1,5 -		Burial 10/4/1967	New Freedo	m N	lew Freedom.	Pa
VR A15ME (5)	H	W.Jenkins & Sons Co.	4905 York R	00 W DEC'D AV D	EGIS 25 OCOLOGICA	Carried States
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be diled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

MARYLAND STATE DEPARTMENT OF HEALTH

MARIEARD STATE DETARMENT OF MEAGIN									
Division of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
4-0-1-14	OF BEATH								

	1218	81		CERTIF	ICATE	OF DEATH			í x	2192	
1.	PLACE OF DEATH o. COUNTBalti	imore		MARY	'LAND	2. USUAL RESIDENCE (o. STATE Maryland		lived, if institution b. COUN	ITY	re odmission)
	b. CITY OR TOWN (f outside corporate limit	s,	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If or	utside corporote	limits, write RUR			
	Write KOKAL IIII	give nearest town)		3 da	v	Balti	imore	PAR	KVILLE	- 0.	3-1
8	d. NAME OF HOSPITA	AL OR INSTITUTION (If no Josephs H	ot in hospital, g lospital	ive street oddress)		d. STREET ADDRESS 3006½ Lav	vender .			e. IS RESIDE ON A FAR	ENCE RM?
3.	NAME OF	Fi	rst	Middle		Lost	4. DATE	Month			
	Type or print)	Wilf	red	W		WEBER	OF DEATH	Septe	ember 2	- 196	7
S.	male	6. COLOR OR RACE White	7. MARRIED X	NEVER MARRIED DIVORCED		6-3-97		AGE (In yeors last birthdoy) yrs.	Months Doys	Hours 1	24 HRS. Min.
dy H	o. USUAL OCCUPATION ring most of working letired B. FATHER'S NAME	(Give kind of work done life, even if retired)		oustry Mfg. (Co.	11. BIRTHPLACE (County SCRANTO) 14. MOTHER'S MAIDEN	N, I	gn country)	12. CITIZEN COUNTRY	F WHAT	
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19	WAS DECEASED EVE	PINITS APMED FORCESS	EBER	OCIAL SECURITY NO.	1 17 1	CATHI NFORMANT	= KINE	Addres	IEIL		
()	es, no, or unknown)	(If yes give wor or dotes of	of service) 20	7-01-4246		ILFORD B.	WEBE	,	02 415	2123 TERVAL BETW	74
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ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN	N PART 1(o)		WAS AUTOF PERFORMED (ES 1/C N	PSY D?
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Port II	of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour o.m p.n	10	2Dd. IN While at work	JURY OCCURRED Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.		City or town)	(County)	(St	tote)
	saw the de	ly that (()) (this has eceased alive an_	pital) attend Septen	ed the deceased ber 19 670	fram and that	August 29 death accurred at		from causes of	and an the da		re) last abave.
	22o. SIGNATURE	Sama	El,	39	M.D	111141	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG		967
	22c. PHYSICIAN'S NAME (Type)	Samuel	С. Н. І	ee, M.D.		22d. ADDRESS 7620 Yox	k Rd.,	Lowson,	Md. 212	204	
	BURIAL, CREMATIC	SEPT	6.1967.	CARDENS	TERY OR		BAL		O. M/).	ite)
2	4. FUNERAL DIRECTO	BRO'S 1	NC 71	ADDRESS 10 BELAI	1 9	DATE SE	1 1	196/25b. REC	GISTRAR'S SIGNATU	Judge	es .

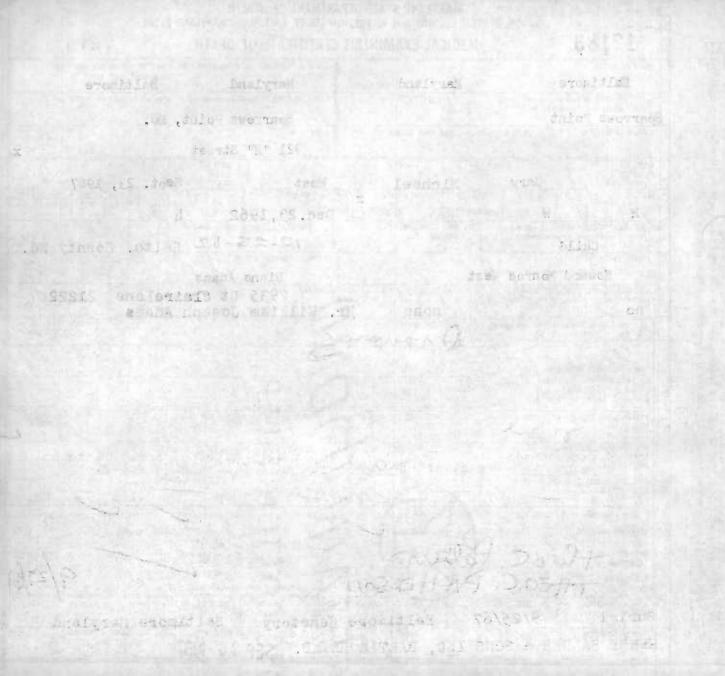
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12193 12182 ed in by the funerol apers. Poges I and 7: 122 hours after death requires that the death certificote be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Baltimore a. STATE g. COUNTY Maryland MARYLAND Baltimore c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) 3 days Baltimore 21207 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS completely filled in St. Joseph Hospital 3615 Marriotts Lane YES NO X within 3. NAME OF DECEASED 4 DATE First Middle Webster Lawrence DEATH Sept. 1967 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED [] gst birthday) burial-transit permit. Then please remove burial, cremation, or removal, and in any ev Haurs 12-8-92 Male white WIDOWED DIVORCED puo 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 10a. USUAL OCCUPATION (Give kind af wark dane COUNTRY SA during most of working life, even if retired) **INDUSTRY** Maryland Carpenter
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henrietta Ady Benjamin F. Webster 3619 Marriott Lane 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknawn) (If yes give war ar dates af service) Mrs.L.A. Webster, Baltimore, Md. 220-09-2921A INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriof-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac tamponade IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion. DUE TO ruptured dissecting aneurysm of ascending Canditians, if any, which gave (b) rise ta immediate cause (a), DUE TO aorta. stating the underlying cause **IO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use should be filed with the State Dept. of Health p YES DC NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Caunty) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this bespital) attended the deceased fram Sept. 12, 187, ta Sept. 13, 1967, that (1) (we) last saw the deceased alive on Sept. 13, 1967, and that death accurred at 7,40 M fram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR STAFF PHYS. £ 9/14/67 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd. Baltimere, Md. 21204 Reynaldo Okjuela-Gomez, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Darlington, Harford, Md. Darlington 9-16-1967 25% REGISTRAR SALGNATURE ADDRESS EUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Delta, Penna.

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MARYLAND STATE DEPARTMENT OF HEALTH

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PARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12196 12185 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore signed by the attending physicion ond completely filled in by the burial-transit permit. Then please remove cor**pon** popers. Poges CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Timonium Years Timonium d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 405 E. Timonium Road. 405 E. Timonium Road NO K YES \ 3. NAME OF Middle Last 4. DATE Manth First Day Year DECEASED Wildberger DEATH Sept. (Type ar print) Alma Marv 19 67 S. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Days Haurs WIDOWED DIVORCED 62 Dec. 25, 1904 Female White 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? Housewife Baltimore, Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Horstschneider Mary Land 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng. ar unknawn) ((If yes give war ar dates af service) 0 Mr. August M. Wildberger 405 E. Timonium Rd. No burial, cremotion, INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: anaplatio carcin ourse of IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [NO Po 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram & A 18 , 1966, ta Jent, 13, 1967, that (1) (we) last 19 67, and that death accurred at 7.34 M, fram causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 9/16/67 Cockeysville, Md. Dulaney Valley Mem. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson 1050 York Rd. 21204 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12197 12186 CERTIFICATE OF DEATH 1. PLACE OF DEATH
o. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND PHYSICIAN: The low requires that the death certificate be executed within 24 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Essex (21) Essex d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 208 Woodvale Road 208 Woodvale Road NO YES carban 3. NAME OF Middle DATE First Lost Month Doy Year DECEASED JOHN CHARLES WILKINS September 21 67 DEATH (Type or print) S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED ☐ August 15 1892 White Male 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Fuel Distributor INDUSTRY Balto., Md.

14. MOTHER'S MAIDEN NAME Railroad USA 13. FATHER'S NAME cremation, or removol, John C. Wilkins Ida Selvage 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 705 05 6679 Mabel Wilkins Same Yes WW INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o Poge 4 may be retoined by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TUTCHED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour o.m. Not While foctory, street, office bldg., etc.) ot work ATTENDING ot work 21. I certify that (I) (this haspital) attended the deceased fram_ 1959, to sept 21, 1957, that (1) (we) last 196 and that death accurred at 45AM, fram causes and an the date stated above. saw the deceased alive an 220. SHONATURE **ATTENDING** M.D. director, page should be filed 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Louis Semenoff 2108 Orems Rd. Baltimore, Md. 21220 D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL CREMATION. Burial (Specify) 9/25/67 Ebenezer Meth Ch. Cemetery Balto. Co., Md. 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR Funeral Home 1407 Eastern Ave. 20 M 1/66

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VA BESPITAL, STORT HIGHARD, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12199 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth the ottending physicion and completely filled in by the funeral sit permit. Then please remove carbon popers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY popers, ruy Baltimore Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUBAL and give neorest town)
Rural Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)
Augsburg Lutheran Home IS RESIDENCE ON A FARM? d. STREET ADDRESS 2904 Glenmore Avenue NO X NAME OF Middle 4. DATE Lost Month Doy Year DECEASED OF 9 19 67 Williams Washington Harry (Type or print DEATH or removol, and in ony event, AGE (In years 5 SFX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED las birthdoy) Hours 8/29/82 White Male WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Baltimore, Maryland Printing Proofreader. Printer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James R. Williams Georgiana 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes of service) 212-03-8928A Paul A. Hauer, 6811 Campfield Road 21207 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s).) buriol-transit PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse Poge 4 may be retoined by the hospital or attending FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While ot work nt work 21. I certify that (1) (this haspital) attended the deceased fram 1967, that (1) (ws) last saw the deceased alive an and that death accurred at 1.75 M, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, 23 NAME OF CEMETERY OR CREMATORY LOCATION (City 276 DATE THEREOF (County) REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4 Milonella 20 M 1/66 DATE SEP

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE		12189	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	12	200
DEPT.		LACE OF DEATH			2. USUAL RESIDENCE o, STATE	(Where deceosed lived, if in	nstitution: Residence COUNTY	e before odmission)
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Department of	· t	. CITY OR TOWN (If outside corporat	e limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, wri	te RURAL and give	neorest town)
Department		write RURAL and give nearest tow Edgemere	n)	5 Years	Edgen	noro		03./
ode	0	. NAME OF HOSPITAL OR INSTITUTION	(If nat in hospital,		d. STREET ADDRESS	uere		e. IS RESIDENCE
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5		FATHER'S NAME			14. MOTHER'S MAIDEN			7. D. A.
nours		George W. Wi	lson			a A. Woodson	1	
2	15.	WAS DECEASED EVER IN U.S. ARMED FO	PRCES? 16.	SOCIAL SECURITY NO. 17.		r) Edgeme		21210
E .	(Yes	WAS DECEASED EVER IN U.S. ARMED FO , no, or unknown) (If yes give wor or Ces WWII	dotes of service) 21	9-12-7467 Mr	. James Wil	son, 6700 No	orth Poin	+ DA
7.2	T	18. CAUSE OF DEATH (Enter only of	one couse per line for	r (o), (b), ond (c).)		2011 0100 NC	A UIL TOTAL	INTERVAL BETWEEN
burial-transit a any event	1	PART I. DEATH WAS CAUSED B	Υ:	Gunshot	3 - C .			ONSET AND DEATH
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duy		Conditions, if ony, which gove	(b)					
2.		rise to immediate couse (o), stating the underlying couse	DUE TO					
and		last.	(c)					
Ď.	2	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART I	(0)	19. WAS AUTOPSY PERFORMED?
ian, or remaval, a	ATI0						1	YES NO X
Te C	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b. DI	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1	8.)	
5	CER	CAUSE OF DEATH.	1.0					
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		21. I certify that I taak			eld an Autapsy .	Inspection [v]	Inquiry ,	and in my apinian
2		death resulted fram:				Undetermine		
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2		ACTUAL SIGNATURE	m-m	ner		DICAL EXAMINER		22. DATE SIGNED
prior		EXAMINER'S			Market Contract	CAL EXAMINER		
Health prior ta burial, crema		NAME (Type)	0011 S E	Sigher M D	Address (Stree	et, city, town, or county)	Sentembe	er 9, 1967
ea	23a.	BURIAL, CREMATION, 23b. D	ATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City	or Town)	(County) (State)
		REMOVAL(Sequity) 9/	12/67	Mt. Moriah Me	eth. Church	Cem.	White H	all, Va.
E (5)	24.	FUNERAL DIRECTOR) TATE OF A	ADDRESS	2So. REC	D BY REGISTRAR	b. REGISTRAR'S SI	GNATURE CHARLE
- 1-1	·IC	nn de Duda. 1922	Wise Ave	e. Dundalk, Md	. / ////	VER I ISDI	No de	VAA

BEEST 2 - 1. 41 7 mai at 20 miles and a large 2902 Belief Ave. The state of the s months W shacol medicor . A shear Misis . isi . vracabis (estion) 223-11-7997 St. June 121son, 0733 Sunt's Telub Tid. a Bario and to the act and The Manualters. Reduct, 2.5, Marian Benkeman 2, Marian rolled client and decado design out colored the TOTAL THE MENT TOTAL THE MENT THE STREET SEED THE STREET THE PROPERTY OF THE STREET THE after death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haun

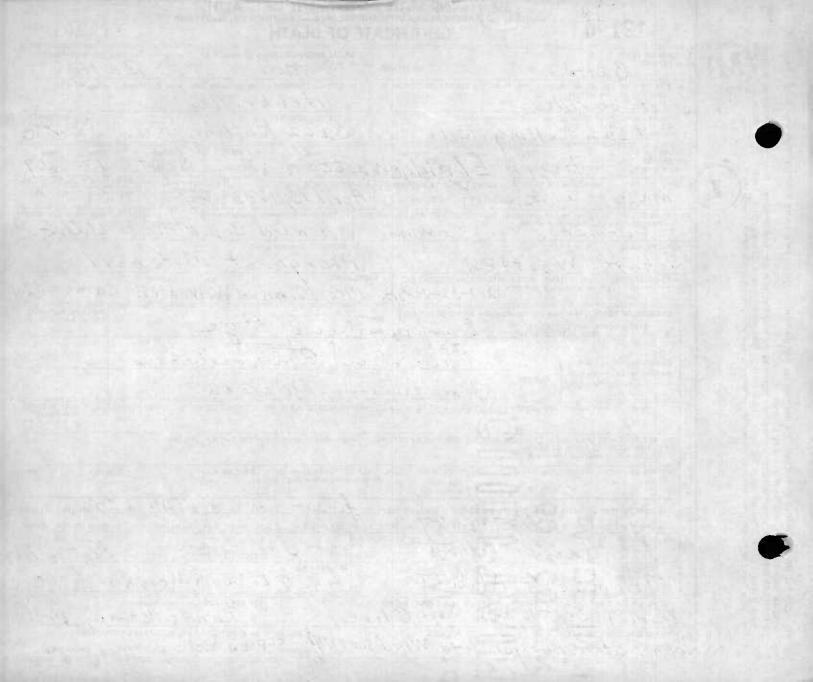
R: After this certificate has been signed by the ottending physician ond campletely filled in stached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 are

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12201

	COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MCI	here deceased lived. If institution: b. COUNTY	Residence before admission) Baltu.	
	S. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write RURA	AL and give nearest town)	
	d. NAME OF HOSPITAL (IF not in hospital, give street OR INSTITUTION 2021	oddress)	d. STREET ADDRESS	Rolling Re	e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED Type or print) Henry	E/ Kidgel	lootten	4. DATE OF DEATH Sept	t. 13 1967	
S. S	male 6. COLOR OR RACE 1. MAR	RIED NEVER MARRIED	April 13, 1		UNDER 1 YEAR IF UNDER 24 HRS.	
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	10 m1	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John H. Wootten 14. Morgaret Mitchell Margaret Mitchell						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) (If yes, give wor or dates of service) 2/7-32-1089A. Mrs. Minnie W. Wosten Same					n same as 2	
	18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a), (b), ond/(c).]	when of)Rgc	INTERVAL BETWEEN ONSET AND DEATH	
	350 X DUE TO Conditions, if any, which gove rise to immediate (b)	Leverol	of che	yordron,	*	
7	lying cause last. (c)	Jærlan.	one- W.	cress		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	linal disease condition given	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
L CERTIFICATI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Port II af item 18.)		
MEDICAL	Haur o. m. While	£	ACE OF INJURY (Hame, farn ctary, street, affice bldg., etc		(Caunty) (State	
i.	21. I certify that (I) (this haspital) attended the deceased fram. 1960, to 1960, to 13, 1967 that (I) (we) last saw the deceased alive an 3647121967 and that death accurred atM, fram the causes and an the date stated above					
	220. SIGNATURE That &	91151		AED. STAFF PHYS.	Sept. 14,19	
	22c. PHYSICIAN'S DIMP(Type)	66011	22d. ADDRESS 4509	2, basily Heig	LT Ave	
23a	BURIAL CREMATION, 236 DATE THEREOF BENOVAL (Specify) Sept. 16, 196	7 Mt. OII	PR CREMATORY	23d. LOCATION (City, town, old	town, md.	
24,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wind.	SOSM 1/ 250. REC	D BY REGISTRAR 256. REGISTR	AR'S SIGNATURE	

page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. I the State Board of Health priar to burial, crematian, ar removal, and in any event within 72 haurs after TO HOSPITAL OR may be retained TO FUNERAL DIR VR A15 (4) 1SM 9/S9



FOR STATE	Division of Statistical Research and Records, 301 W. Preston Street, Baltimore, Maryland 21201 12191 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12202					
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Carroll					
f only delay i 1, 2, and 3 t m PM3. Pog Deportment rs ofter death	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) write RURAL ond give nearest town) New Windson C. LENGTH OF STAY IN 1b New Windson					
Pages 1, 2, with form F pages 1, 2, with form F pages 1, 2, with form F pages 1, 2, haurs of	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Hidden Valley Farm Rt. 1 Box 216 d. STREET ADDRESS Route 1 e. IS RESIDENCE ON A FARM? YES \[\] NO [
after deoth. If a 8. Give Pages 1, olong with form with the state De within 72 haurs	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF OF Sept. 27, 1967 19					
ors after de 18. Give Pre olong wi	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors left) Sept. 29,1912 White WIDOWED DIVORCED DIVORCED Sept. 29,1912 9. AGE (In yeors left) Sept. 29,1912 Months Doys Hours Min					
thin 24 hours ncil in Item 18 niner's Office pages 1 and 2	10b. USUAL OCCUPATION (Give kind of work done during mest of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11c. LITIZEN OF WHAT COUNTRY? Carroll County, Md.					
be executed within "pending" in pencil iief Medical Exomine onsit permit. File page or removol, and in a	13. FATHER'S NAME Charles N. Yingling 14. MOTHER'S MAIDEN NAME Daisy B. Zimmerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address					
e executed pending" in ef Medical Es ssit permit. Fi r removol, ar	(Ves. pp. or unknown) (If yes give wor or dotes of service) 220-30-7318 (harles L. Yingling, Catonsville, Md.					
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Item 1 should be forworded to the Chief Medical Exominer's Office files. 3 should be used as o burial-tronsit permit. File pages 1 and 2 not, prior to burial, cremotion, or removal, and in any event	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse last. Conditions of the underlying couse (c)					
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INER: This le certificate, should be fulles. 3 should be to should be	20b. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING Tractor rolled over on his chest, neck & face. Tractor rolled over on his chest, neck & face.					
	20c. TIME OF INJURY Month, Doy, Yeor 8-9:30 o.m. 9-27-67 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Reisterstown Balto Md.					
of St o	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection					
D DEPUTY MEL. And necessory, please estimate funeral director. Supay be retained student of the full or its design	ACTUAL SIGNATURE 2.2. DATE SIGNE EXAMINER'S NAME (Type) D. D. Caples, M. D. 6 Hanover Rd., Rejodes Siree, City, Town, of County) 22. DATE SIGNE PEPUTY MEDICAL EXAMINER TO 9-28-67					
necessory, the funerol s may be To Flustral Health or i	NAME (Type) D. Captes, M. D. O Harrover Rd., Readilest (Sitzer, Vity), flown, of tounty) 230. BURIAL, CREMATION, Billing Val Expecify) Sept. 30, 1967 Immanuel (emetery or CREMATORY) Manchester, Md.					
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS A					

MARYLAND STATE DEPARTMENT OF HEALTH

account of the country of the countr ALS som I with creat valuation of the and and Carlo Crossians Carlo College and the state of t